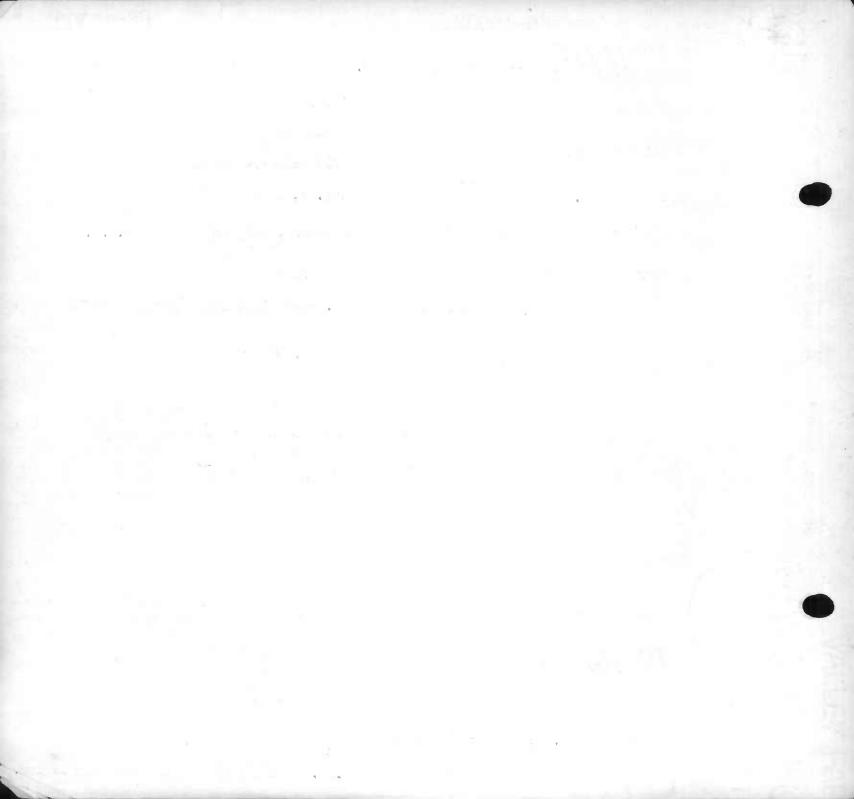
VS 150-REV. 1/1/6B

BIRTH NO.	CERTIFICAT	E OF DEATH		AO THOOT
1. NAME OF DECEASED (Type or Print)	Nettie	100	HOUR OF DEATH	3:30 A M
3. PLACE IN BALTIMORE TMÄRYLAND, WHER FULL NAME OF (IF NOT IN HOSPITAL OR ADDRESS OR LOCATIO	OR INSTITUTION, GIVE STREET	A. STATE B. COUNT	/	01
INSTITUTION 1/1 CIRCLE ADDRESS ON ESCATION	oco.	Balla	6. INSIDE	ES NO .
40 31NA! 11		STREET AND NUMBER	uly S	If Under 1 Yr. , If Under 24 Hrs.
F W w	DIVORCED DIVORCED	1 12/196	ast birtheey)	Aonths Doys Haurs Min.
10A. USUAL OCCUPATION (Give kind of work 10B. done derign most of working life, even it seried)	home	, BATHPLAGE (Sinte of foreig	Country	12. CITIZEN OF WHAT COUNTRY!
13/FATHER'S NAME	Walson	. MOTHER'S MAIDEN NAM	E -	
15. Was Deceased Ever in U. S. Armed Farces? (Yes, no aruntumown) (If yes, give way or dates of	service) 16. SOCIAL SECURITY NO.	hailes H	- Foste	ADDRESS
DISEASE OR CONDITION DIRECT	CAUSE OF DEATH	Pastis 8	h. k	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
(This does not mean the mode of dyi heart foilure, asthenia, etc. It means the injury or complication which caused dec	disease,	CONSEQUENCE OF:	Amall &	and
ANTECEDENT CAUSES DISEASES OR CONDITIONS, il any, tise to the above cause (A) sto UNDERLYING CONDITION last.	99	consequence of:	sonbosi	
OTHER SIGNIFICANT CONDITIONS CONTR. TO THE DEATH BUT NOT RELATED TO THE TO STATE OF THE TO TH	RMINAL A).	20A. AUTOPSY? (Yes or No)	20B. IF YES, WERE FIN	IDINGS CONSIDERED
Pep 26 68 WAS PERFORM	ON FOR WHICH OPERATION AED 218. PLACE OF INJURY (e.g., in		IN CERTIFYING CAUS	ES OF DEATH?
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	home, form, factory, street, officetc.)	e bldg., INJURY OCCUR?	(If in bommore C	City, give exoct lacotian)
21 D. TIME (Manth) (Doy) (Year) (HOPROX.)	our) 21E, INJURY OCCURRED While At Not While At Work	21F. HOW DID INJU	RY OCCUR?	
22. I certify that (1) (this hospital) at that (1) (we) lost saw the deceased o	V2 7 36 1	4 5-	t in (my) (our) opinion	an deoth occurred on the dote
ond hour and from the couses stated	A.			3B, DATE SIGNED
Che hagas	- Estat OEGREE Phys.	Director L F	Shaff Phys.	Sept >+ 68
23C. PHYSICIAN'S NAME (Type)	SH/ DEGREE	SINAL H	'aspital d) Returne
24A. BERIAL CREMATION, 1948. DATE	24C. NAME (a) GENANTERY OF CREM	aven 24D. L	len B	town, or county) (State)
2) A. DATE REC'D BY, REALTH DEPT. 258	NAME OF REGISTRAR	25C. EUNIRAL DIRECTOR	R	ADDRESS



VS 150-REV. 1/1/6B



P-420

08-10003 BALTIMORE CITY HE	ALTH DEPARTMENT
TON CITY MEDICAL EXAMINER'S C	1 00000
I. NAME OF DECEASED Madona Lee Taylor (Ples	S.) DATE Known Month Day Year Hour
(Type or Print)	OF A O O O O O
Madohaa PLESS	DEATH Estimoted IN / FO OD / TM.
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	3. DATE Month Doy Year Hour
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET	PRONOUNCED DEAD 9 28 68 925A
HOSPITAL ADDRESS OR LOCATION) OR INSTITUTION	5. USUAL RESIDENCE (Where deceased lived, if Institution: residence before admission)
3/ city Hosp.	A. STATE Mary Cand B. COUNTY Baltimore 53
6. SEX 7. RACE 8. MARRIED NEVER MARRIED	C. CITY OR TOWN ESSEX D. INSIDE CITY LIMITS?
Female W hite WIDOWED □ DIVORCED □	Ballonore YES NO 1
9. DATE OF BIRTH Sept. 21, 1968 10. AGE (In years If Under 1 Yr. If Under 24 Hrs. Months Days Hours Min.	E. STREET AND NUMBER 14 Readen Rd
11. BIRTHPLACE(State or foreign country) 12. CITIZEN OF	13. FATHER'S NAME
WHAT COUNTRY?	Unknown
Maryland U.S. A.	O'RELIONII
14A.USUAL OCCUPATION (Give kind of work 14B. KIND OF BUSINESS OR INDUSTRY	15. MOTHER'S MAIDEN NAME
done during most of working life, even if retired)	Minnie Pless
None	
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) ((If yes, give wor or dotes of service) \$ECURITY NO.	ESSEX, Mu.
No None	Mr. Carlos E. Howard, 14 Bladen Rd. 21221
19. CAUSE OF DEAT	TH APPROXIMATE INTERVAL
	BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY	Alse Intentitial
LEADING TO DEATH (A)IMMEDIATE C	ACCEPT
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,	AS A CONSEQUENCE OF: () WELLINGTHIS
injury or complication which coused death.)	1 / (2) 11
	1 72411
ANTECEDENT CAUSES (B)	
DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO, OR	AS A CONSEQUENCE OF:
UNDERLYING CONDITION LAST.	
(c)	***************************************
F 3 25 X	
OF THE SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WAS	
DISEASE OR CONDITION GIVEN IN PART 1 (A).	######################################
20A. DATE OF OPERATION (20B. CONDITION FOR WHICH OPERATION WA	AS PERFORMED 21. AUTOPSY? (Yes or No)
Ö	Yes
	in or obout 22C. WHERE DID (If in Soltimore City, give exact location) e bldg., etc.) INJURY OCCUR?
UNDERLYING OR CONTRIB-	, 510g, 7 cm. / 113 cm. 6 cccm.
22D. TIME (Month) (Doy) (Yeor) (Hour) 22E.INJURY OCCURRED	22F. HOW DID INJURY OCCUR?
OF INJURY	WHILE []
(APPROX.) m. WORK L. AT W	ORK LJ
23.	
I certify that I held an Inquiry I Inspection Au	tapsy and that on this basis, death in my apinian
resulted fram Natural causes 🕍 Accident 🗌 Suicid	le Hamicide Undetermined manner
	CUIEF MEDICAL EVAMINED
ACTUAL MUSINERS S	CHIEF MEDICAL EXAMINER DATE SIGNED
ACTUAL SIGNATURE MD	ASSISTANT MEDICAL EXAMINER
SIGNATURE EXAMINER'S AND STORY OF THE STORY	ASSISTANT MEDICAL EXAMINER
SIGNATUREM.D	ASSISTANT MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER
SIGNATURE EXAMINER'S WERNER U. SPITZ, M. D. M.D.	ASSISTANT MEDICAL EXAMINER 9.28.68
SIGNATURE EXAMINER'S WERNER U. SPITT, M. D. 24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify) 24C. NAME of CEMETERY T. O. C. J. C. S. J	ASSISTANT MEDICAL EXAMINER ASSOCIATE MEDICAL EXAMINER 9.28.68 or CREMATORY 24D. LOCATION (City, town, or county) (Stote)
SIGNATURE EXAMINER'S WERNER U. SPITT, M. D. 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY	ASSISTANT MEDICAL EXAMINER ASSOCIATE MEDICAL EXAMINER 9.28.68 or CREMATORY 24D. LOCATION (City, town, or county) (Stote)
SIGNATURE EXAMINER'S WERNER U. SPITZ, M. D. 24A. BURIAL CREMATION, REMOVAL (Specify) Burial SIGNATURE EXAMINER'S WERNER U. SPITZ, M. D. 24C. NAME of CEMETERY Lake View Mem	ASSISTANT MEDICAL EXAMINER ASSOCIATE MEDICAL EXAMINER 9.28.68 or CREMATORY 24D. LOCATION (City, town, or county) (Stote)
SIGNATURE EXAMINER'S WERNER U. SPITT, M. D. 24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify) 24C. NAME of CEMETERY T. O. C. J. C. S. J	ASSISTANT MEDICAL EXAMINER 9.28.68 or CREMATORY 24D. LOCATION (City, town, or county) (Stote) Total Park Sykesville, Carroll Co. Md.
SIGNATURE EXAMINER'S WERNER U. SPITZ, M. D. 24A. BURIAL CREMATION, REMOVAL (Specify) Burial SIGNATURE EXAMINER'S WERNER U. SPITZ, M. D. 24C. NAME of CEMETERY Lake View Mem	ASSISTANT MEDICAL EXAMINER ASSOCIATE MEDICAL EXAMINER 9.28.68 or CREMATORY 24D. LOCATION (City, town, or county) (Stote) TOTAL Park Sykesville, Carroll Co. Md.

Per Telephone Kide. Table Market Control of the Control

00	BALTIMORE CITY	HEALTH DEPARTMENT	10	0000
00-11	0004 CERTIFICA	TE OF DEATH	REG. NO.	68-10004
BIRTH NO.	021(11110)		HOUR OF DEATH	
(Type or Print) KATHERINE IS	ill	9-	30-68	9 P.M.
3. PLACE IN BALTIMORE, MARYLAND, WHERE PR	ONOUNCED DEAD	4. USUAL RESIDENCE (Where A. STATE B. COUNT	deceosed lived. If in	nstitution: residence belore odmission)
FULL NAME OF (IF NOT IN HOSPITAL OR II	NSTITUTION, GIVE STREET	me.	Hou	rard 63-00
HOSPITAL OR ADDRESS OR LOCATION	1 , casa)	C. CITY OR TOWN	D. INS	IDE CITY LIMITS?
37 MERCY	Segular	Bultomere 2	1227	YES NO
		E. STREET AND NUMBER	7 /	0 (.
		3237 Var	tarian	Court
7	RIED NEVER MARRIED DIVORCED M	8. DATE OF BIRTH 9.	AGE (In years est birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
10A. USUAL OCCUPATION (Give kind of work 10B, KIN		, , , , ,	n country)	12. CITIZEN OF WHAT COUNTRY
done during most of working lile, even if retired)	cu Hospital	Elkrida	J. mil	2 U.S.a.
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAM	E	
William Smit	R	annie to	senbur	ger
S. Was Deceased Ever in U. S. Armed Forces? Yes, no or unknown) (If yes, give wor or dates of serv	ice) 16. SOCIAL SECURITY NO.	17. INFORMANT	Ú	ADDRESS
no	7.70-09-7	14 mas 1.	Strin A 1.	Buy bein Chin
1B. 1 × 0 ×	CAUSE OF DEAT	1	ine . a	APPROXIMATE INTERVAL
DISEASE OR CONDITION DIRECTLY		1		BETWEEN ONSET AND DEATH
LEADING TO DEATH	(A)IMMEDIATE CAL	SE To Eminal Ca	ncele	
(This does not mean the made of dying, heart failure, asthenio, etc. It means the disc	e.g., DUE TO OR AS	A CONSEQUENCE OF:		~
injury or complication which coused deoth.)				3 years
ANTECEDENT CAUSES	Pa	neur Cerv	= ×	
DISEASES OR CONDITIONS, if ony, g	iving DUE TO, OR AS	A CONSEQUENCE OF:		
rise to the above couse (A) stating	the			
UNDERLYING CONDITION Iosi.	(C)			
OTHER SIGNIFICANT CONDITIONS CONTRIBUT	ING			
TO THE DEATH BUT NOT RELATED TO THE TERMI	NAL		·	
DISEASE OR CONDITION GIVEN IN PART 1 (A).	FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No)	208. IF YES, WERE	FINDINGS CONSIDERED
19A. DATE OF OPERATION 19B. CONDITION WAS PERFORMED		NO	IN CERTIFYING CA	USES OF DEATH?
U 21A. ACCIDENT WAS UNDERLYING	21 B. PLACE OF INJURY (e.g.,	or obout 21C. WHERE DID	(If in Boltimor	re City, give exact location)
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	home, form, foctory, street, of etc.)	nce blag, INJURT OCCUR?		
21D. TIME (Month) (Doy) (Year) (Hour)	21 E. INJURY OCCURRED	21 F. HOW DID INJU	RY OCCUP?	
S OF HAJORI	While At Not While			
(APPROX.)	Work At Work			
22. I certify that (1) (this haspital) attend			68 to 2	. 30 1968
that (X) (we) last saw the deceased alive	an 9 3 0	. 19 68 and that	in (my) (aur) api	nian death accurred an the date
and haur and fram the causes stated above				
23A. SIGNATURE				23 B. DATE SIGNED
(I lea Life	(m) (i)	nding Med. S	haff hys.	9.30.68
23C. PHYSICIAN'S	MAN DEGREE Phys	23D. ADDRESS	nys. —	1. 20 90
NAME (Type)	TTIC	m 2 2 11	04 9.	Rolto mo ano
111	DEGREE	Merce Mo	sp. Jhe.	per. 1100. 8/20,
REMOVAL (Specify)	IC. NAME of CEMETERY or CRE	MATORY 0 24D. LO	CATION (C	ity, 'town, or county) (State)
Burial 10/4/68	St. Augustine		ridge	Md.
SA. DATE REC'D BY HEALTH DEPT. 25B, NA	ME OF REGISTRAR	25C. FUNERAL DIRECTOR		ADDRESS
API & 1900, NGC	est w, about ma	H.W.Jenkins &	Sons Co	4905 York Rd.
/S 150-REV 1/1/68				A STATE OF THE PARTY OF THE PAR

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6312 ST ALBANS UN

Fr. A. 25-80 4

EXECUTE FERRILLE STREET

YES win / 420-09-5289

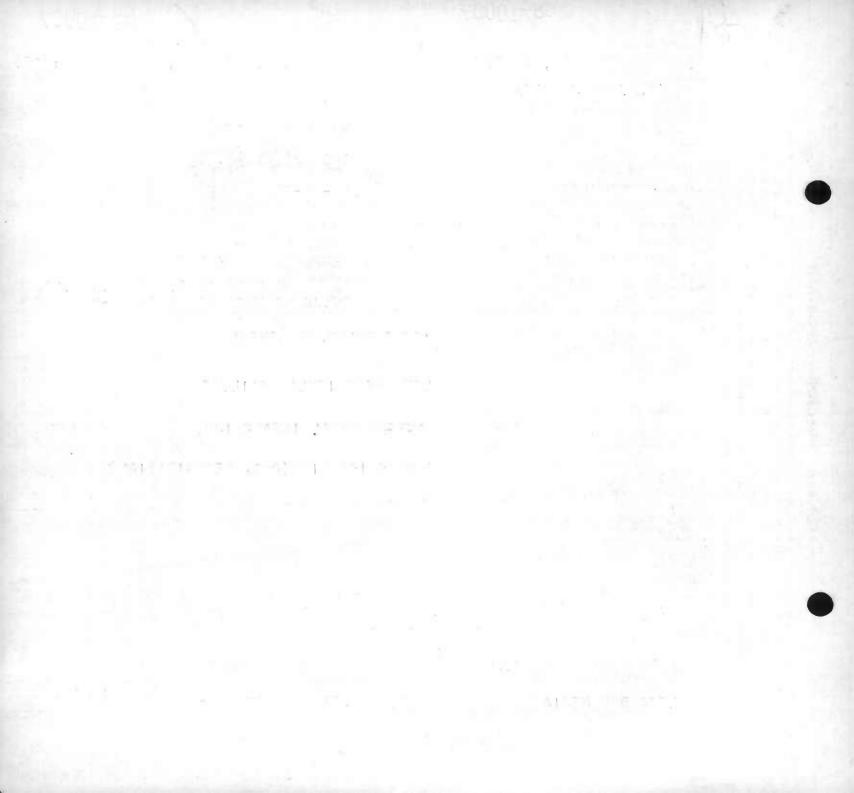
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County Schmight Johns Hobb as Health

IMPORTANT

DIRECTOR:

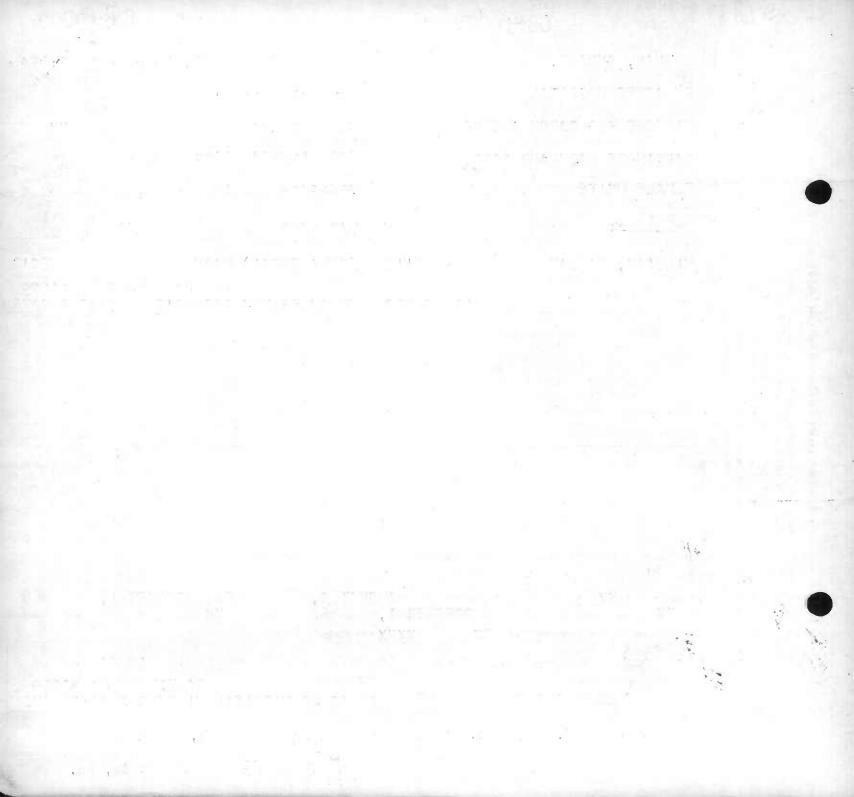
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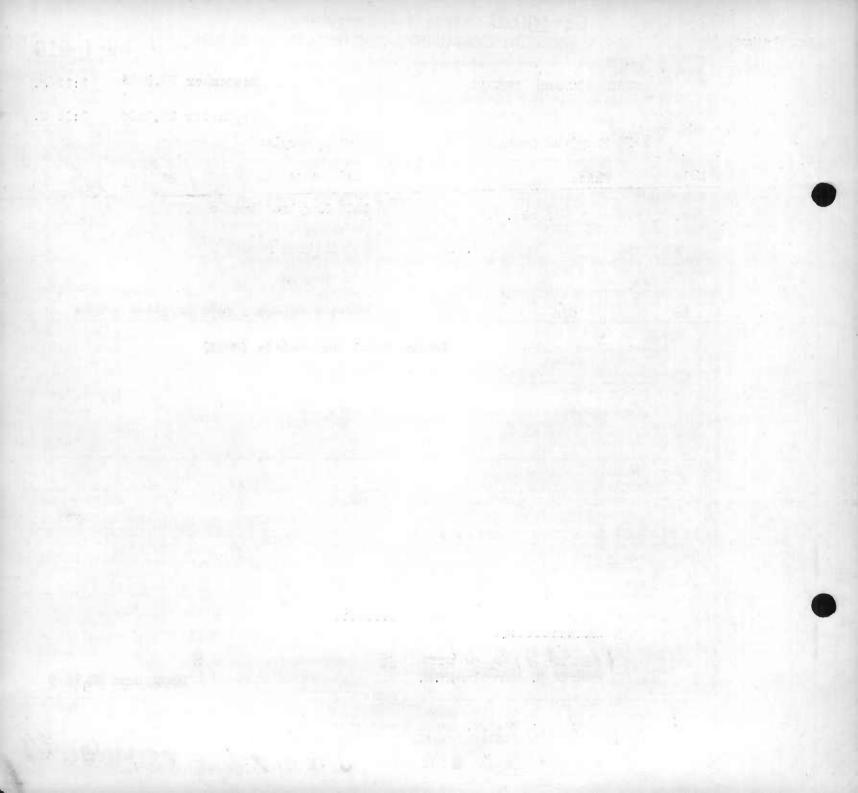
VS 150-REV. 1/1/68



P-620

68-10010 BALTIMORE CITY HEALTH DEPARTMENT

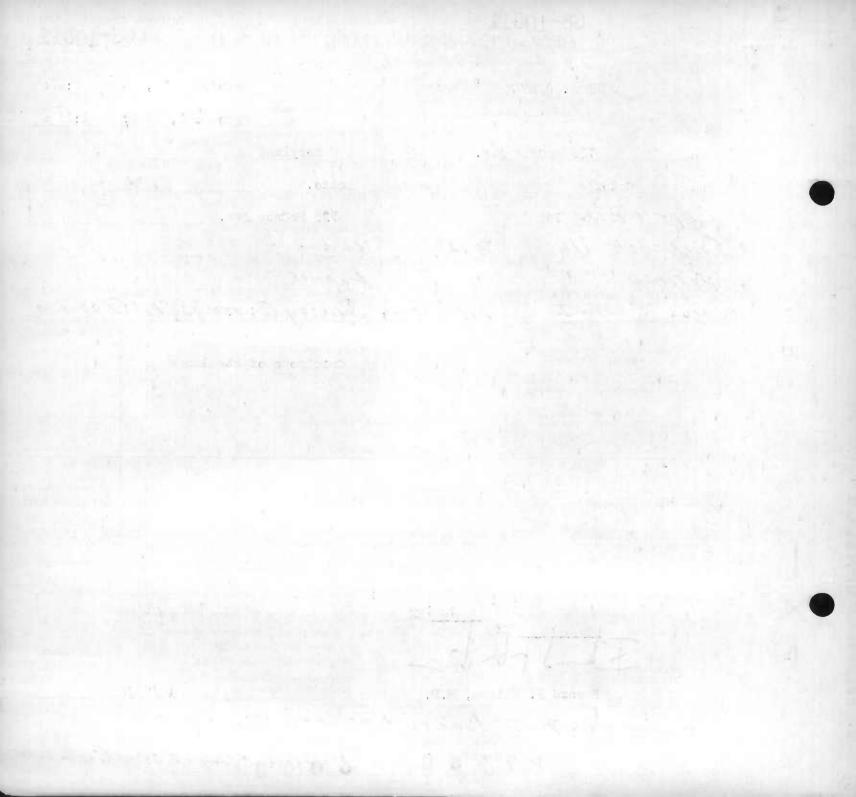
BIRTH NO. 68-10964 MEDICAL EXAMINER'S	CERTIFICATE OF DEATH REG. NO. 68-10010
1. NAME OF DECEASED	2. DATE Known Month Doy Year Hour
(Type or Print) CARL RICHARD PROUGH	OF DEATH Estimoted September 30,1968 1:18 P.M.
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	3. DATE Month Doy Year Hour
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL ADDRESS OR LOCATION) OR INSTITUTION	PRONOUNCED DEAD September 29,1968 1:18 P.M. 5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
00 2438 Maryland Avenue	A. STATE Maryland B. COUNTY
6. SEX Male 7. RACE White Whomal Divorced Widowed Divorced D	C. CITY OR TOWN Baltimore D. NSIDE CITYLIMIS? YES NO [
9. DATE OF BIRTH 10. AGE (In years If Under 1 Yr. If Under 24 Hrs. Sep. 8, 1968 3 wks. 00 21 1	2438 Maryland Avenue
11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? U.S.A	13. FATHER'S NAME Charles Prough
14A.USUAL OCCUPATION (Give kind of work 14B. KIND OF BUSINESS OR INDUSTR	
done during most of working life, even if retired) N/A N/A	Howard
16. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. SOCIAL	18. INFORMANT ADDRESS
(Yes, no or unknown) (If yes, give wor or dotes of service) NO NO NO NO NO NO NO NO NO N	Charles Prough - 2438 Maryland Avenue
19. CAUSE OF DEA	TH APPROXIMATE INTERVAL
DISEASE OR CONDITION DIRECTLY Intersti	tial Pneumonitis (SDII)
(A)IMMEDIATE (This does not meon the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,	AS A CONSEQUENCE OF:
injury or complication which coused death.)	
RISE TO THE ABOVE CAUSE (A) STATING THE	AS A CONSEQUENCE OF:
THE RIGHT-ICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W	
20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W	AS PERFORMED 21. AUTOPSY? (Yes or No)
	yes
Z2A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB. home, form, foctory, street, office uting Cause of Death.	in or obout 22C. WHERE DID (If in Boltimore City, give exoct location) te bldg., etc.) INJURY OCCUR?
22D. TIME (Month) (Doy) (Yeor) (Hour) 22E.INJURY OCCURRED OF INJURY (ABBROX)	22F. HOW DID INJURY OCCUR?
23.	-
	and that on this basis, death in my apinlan
resulted fram: Natural causes X Accident Suici	de Hamicide Undetermined manner
0 / . /	CHIEF MEDICAL EXAMINER DATE SIGNED
SIGNATURE Lived 4 Could M.	ASSISTANT MEDICAL EXAMINER (X)
EXAMINER'S Ronald N. Kornblum, M.D. NAME (Type)	ASSOCIATE MEDICAL EXAMINER September 30,1968
24A. BURIAL CREMATION, REMOVAL (Specify) Burial 24B. DATE 24C. NAME of CEMETERY 10/2/68 St. Marys Cem	
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	25G FUNERAL DIRECTOR ADDRESS ADDRESS ADDRESS
VS 151-REV. 1/1/6B	Whareh Merty 814 WOO per



5-514 BIRTH NO.

68-10011 BALTIMORE CITY MEDICAL EXAMINER'S	CERTIFIC	TMENT CATE OF	DEATH	REG. NO	68-	10011	
OHN A. SAMPLE	2. DATE OF DEATH	Known XX Estimoted	Month October	Doy 2	Yeor 1968	Hour 1:16a	1 14
, MARYLAND, WHERE PRONOUNCED DEAD	3. DATE	NCED DEAD	Month October	Doy 2	Yeor 1968	1:16 a	

BIK	IR NU.								
	NAME OF DECEASED Type of Print) JOHN A. SAMPLE				Known KK Estimoted	Month	Doy	, 1968	Hour 1 . 16 a
				DEATH	ESHIIIO160 (October		*	7711
4. P	LACE IN BALT		VHERE PRONOUNCED DEAD	3. DATE	ALCED DEAD	Month	Doy	Yeor	Hour
					NCED DEAD	October		1968	1:16 a M.
735 McCabe Ave. 7. RACE 8. MARRIED NEVER MARRIED				A. STATE	Maryland		COUNTY		
6. S	EX	7. RACE	B. MARRIED NEVER MARRIED	C. CITY OR	IOWN	4	. INSIDE C	ITY LIMITS?	
Ma	1e	Colored	WIDOWED DIVORCED	Balt	-0) 7.	ES N	ю
					ND NUMBER			BZ IN	
<	DATE OF BIRTH 10. AGE (In years If Under 1 Yr. If Under 24 Hrs. Months, Doys Hours Min.				35 McCabe	Ave.		10	
	BIRTHPLACE (S	lote or foreign country)	12. CITIZEN OF	13. FATHER'S	NAME				
1	MAIGO	CK-UA	-WHAT COUNTRY?	11.011	noun				
						146			
		parion (Give kind of work	14B. KIND OF BUSINESS OR INDUSTR		NIE NA	ME			
16.	WAS DECEASE	ED EVER IN U.S. ARMEI	D FORCES? 17. SOCIAL	18. INFORM	ANT		- 1	ADDRESS_	
Yes	no or unknown)	(If yes, give wor or dates	of service) SECURITY NO.	V Tu	CLEY G.	0	225	nelai	35 Ave
	163	9.11	219-01-506	70411	1696	20010 1	1001		
1	9. 1 6	. / .	CAUSE OF DEA	TH					ROXIMATE INTERVAL EN ONSET AND DEATH
	1 60 00	4						021112	ETT OTTOET ATTO DEATT
		E OR CONDITION DIRE	CTLY						
		LEADING TO DEATH	(A)IMMEDIATE	CAUSE Car	ccinoma o	f the lu	ings		
	(This does no	ot meon the mode of dy osthenio, etc. It meons the	ring, e.g., DUF TO OR	AS A CONSEQU	JENCE OF:				
		plication which coused de							
	AN	NTECEDENT CAUSES	(B)						
	DISEASES C	OR CONDITIONS, IF AN	Y, GIVING DUE TO, OR	AS A CONSEG	UENCE OF:				**************************************
		ABOVE CAUSE (A) STA	TING THE						
2	UNDERTAIN	G CONDITION LAST.	(C)						
0	1/01/								
CERTIFICATION	OTHER SIGN	II IFICANT CONDITIONS C	ONTRIBLITING						
일		ATH BUT NOT RELATED TO							
=	DISE ASE OR	CONDITION GIVEN IN P	ART 1 (A).						
2	20A. DATE OF	OPERATION 208. CO	NDITION FOR WHICH OPERATION W	AS PERFORM	ED			21. AUTOP	SY? (Yes or No)
Ö									
-1									0
MEDICA	UNDERLYING	NAL CAUSE WAS ON CONTRIBUSE OF DEATH.	home, form, foctory, street, office			(If in Boltimore C	City, give e	coct locotion)	
Z		(Month) (Doy) (Yeo	r) (Hour) 22E.INJURY OCCURRED	22	F. HOW DID IN	JURY OCCUR)		
	OF INJURY	() (50)) (100		WHILE					
	(APPROX.)			VORK .					
	23.								
	I cert	ify that I held an I	Inquiry Inspection XX. Au	tapsy	and that on t	his basis, de	oth In m	apinian	
								m	
	result	led tram: Natural dat	uses XX Accident Suici	de 🔲 🛮 Ha	micide	Undetermine	d manner		
		1			HIEF MEDICAL	EXAMINER _			
	ACTUAL	> Au	10/18	ASSIS	TANT MEDICAL	EXAMINER X	2		DATE SIGNED
	SIGNATU	•	M.I).			1		
	EXAMINI			ASSO	CIATE MEDICAL	EXAMINER L			
	NAME (T	ype) Edward	F. Wilson, M.D.				10/	2/68	
	BURIAL CREA	MATION, 24B. DATE	24C. NAME of CEMETERY	or CREMATO	RY 24D.	LOCATION	(City, to)	vn, or county)	(Stote)
RE	NOVAL (Specif	(Y)	15 R - 1	VATIO.	MAL I	R	n	D	
1	June	~ 10-1.	CA JUACTO	_ ,,,,,,,,		BUT	, ,	/	
25/	. DATE REC'D	BY HEALTH DEPT.	25B. NAME OF REGISTRAR	25C. F	UNERAL DIRECT	OR		ADDRESS	
				17	1	011	1.	1-11	12 mon so
		OT & 1000	10 0 169 Stalley MA	1 10	yop fare	7 forg	400	8-20 6	15 mos or
		Marilla Maria	The same of the sa						

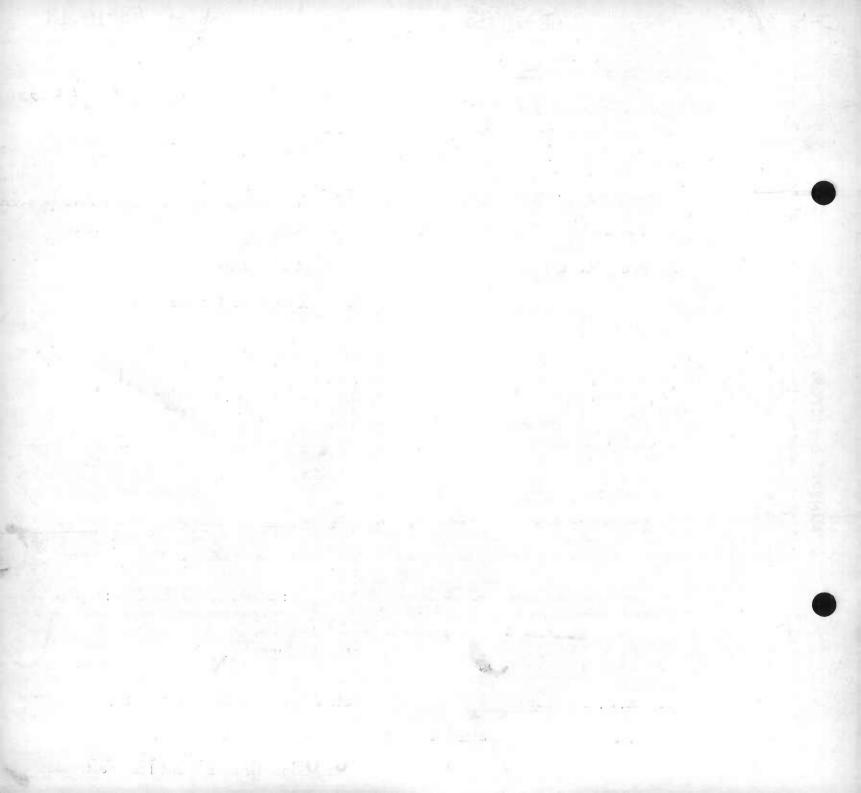


2 / 7 .	7			00-400	A D BALTIMORE	TTY HEALTH DE	EPARTMENT		68	-10012	
)- 60	1			00-100	12 CERTIFIC	CATE OF	DEATH	REG. NO.	- 00	Thors	_
and eath ased	oc +	INAME OF D	FCFA SFD				2 DATE A	ND HOUR OF DEAT	н		_
_ 73 (0)	S	(Type or Print)	FRANCES	0/11/5	BRIDGE	TT		Sept 196		12.05 0.	
P + 0	٥ڿ	3. PLACE IN B	ALTIMORE, MARYLAND			4. USUAL R	RESIDENCE (Wh	ere deceosed lived. If		dence before odmission)
spi O	eal					A. STATE	B. COU	NIY	.0	18.00	
hos (5)	de la	FULL NAME OF HOSPITAL OR INSTITUTION	OF (IF NOT IN HO ADDRESS OR L	OCATION)	TUTION, GIVE STREET	C. CITY OR		St. Mar	SIDE CITY LIM	ITS?	_
Se;	22	INSTITUTION				11	ywood	0. 11	YES	NO M	
- a a	← L	Univer	sits of m	aus land	Hospital	E. STREET A	ND NUMBER				-
p.u.p	prio e.	umoer	-1.5	and interes	, , , , ,						
	0 0	5. SEX	6. RACE	7. MARRIED	NEVER MARRIED	B. DATE OF	BIRTH	9. AGE (In years	If Under 1 Months D	Yr. If Under 24 Hrs	-
# # F E	ased s mo	Female	White	WIDOWED	_	3 Dec	1908	lost birthdoy	Months	oys Plours Willi.	
6 6 6	- 0	IOA. USUAL OC	CUPATION Give kind of	work 108, KIND C	F BUSINESS OR INDU			reign country)	12. CITIZER	OF WHAT COUNTR	Y?
# 7. eb.	io io	done during most	of working life, even if retir	(ed) 72		mas	yland			USA	
d d	as e c	13. FATHER'S N	IAME	POME	-3/16		S'S MAIDEN NA				-
if ect	was in the de spositio	D. 1	1 1/	4		Fran		Owens.			
7 th	5 5 -	Ticho	ed Ever in U. S. Armed	65	16. SOCIAL	17. INFORMA		Coens,		DDRESS	_
A	0 0	(Yes, no or unkno	wn) (If yes, give wor or	dotes of service)	SECURITY NO.	iii. informi	ANT		/	DOKESS	,
RT Ssissis	Fire d	No			216-40-64	9 MRS. EL	LA MAY	PRVITT -	NORTH	DEACH, MO	-
IMPORTAN or his assistant Also, if the di of any kind;		18226	.21		CAUSE OF D	ATH	,		861	APPROXIMATE INTERVAL	Н
AP his	ounced attenda ned or	DISE	ASE OR CONDITION LEADING TO DEA		Kita	1 taus 7	humor.			A-100	
e Ac =	- 0 -	(This does	nal meen the mode		(A) IMMEDIATE	AS A CONSEQUE	NCE OF.			77/68	
40. 1	ar	heart failu	re, asthenia, etc. It me amplication which cau	eans the disease		AS A CONSEQUE	NCL OF:				
O in in	3 E	injury ar c	ANTECEDENT CAU						1		
TO EE A	e e	DISEASES	OR CONDITIONS,		(B)	AS A CONSEQU	ENCE OF:				
E XXX	3 - 5	rise la	the obave cause	(A) stating the							
DIRECTOR cal examine al examine s; (3) A fract	an ns	UNDERLY	NG CONDITION last	•	(c)			***************************************			
die sins	physicic an was remair	2 224	X								
A Page	an v	TO THE DE	NIFICANT CONDITIONS	TO THE TERMINAL	Myoca	ideal ly	Jarction	- рпист	one		
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5 p c c c c c c c c c c c c c c c c c c	ph	U 21A. ACCH	DENT WAS UNDERLYIN	1G 🗌 21	B. PLACE OF INJURY (eme, form, foctory, street	g., in or obout 21 C	C. WHERE DID	(If In Boltim	ore City, give	exact location)	-
- 4-5%	No	▼ DEATH (no	tify medical examined	ete		i, office orage, ING	JOKI OCCOK:				
by pit	5 . 0	O 21 D. TIME	(Month) (Doy) (Y	eor) (Hour) 21	E. INJURY OCCURRED		F. HOW DID IN	IJURY OCCUR?			-
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be to	spital death) nust b		and from the causes	stated above.	(I) (We) (did) (did no	t) view the bad	ly after death	•	B 4 7 7		
ust eas ide	de	23A. SIGNA	NURE 11			Attending	Med.	Hod?	23B, DATE	SIGNED	
E e e	무수금	1	obeestee	t	DEGREE	Phys.	Director 🖵	Staff Phys. D	28-	Sept 68	_
S	0 0	23C HYSIC	(Type)			23D. ADDRES	5	1/		/	
was	pri	Ko	bert S.	401t,	m O DE	GREE UMIVE	errita	Hosp			
certific sody w vs: (1) A	D D	24A. BURIAL C	REMATION, 248. DAT	E 24C. N		CREMATORY	24D.	LOCATION	City, town, or	county) (Stote)	
bod ws:	as en	BURIA		2-68 5	TMARY.	S CEMET	ERY	NEW FOR	T, MI		
This ce the books:	was D.O.A deceased written ap	25A. DATE REC	DET HEALTH DEPT.		OF REGISTRAR	25¢. Fy	VERAL DIRECTO	8/2 1 1	10	ADDRESS	0
# + + +	₹ Q ₹		ULI 3 196	10 0 Ge	DE startent	1 total	w/m.	Talele	-Lear	ardlewy m	V
		VS 150-REV. 1/	1/68			0					



VS 150-REV. 1/1/68

	H NO.	A SED	00-1	LUOTO	CERTIFICA			REG. NO.		-19013
	e or Print)	Dent, My	yrtle	Α.		2. 0		8 6:30		
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	40		Agnes Ho & Wilker ore, Man	-		Relay E. STREET AND NUM 5009 Cedar		e	YES 🗌	NO 🗌
S. SE	emale	White		MARRIED [NEVER MARRIED DIVORCED	8. DATE OF BIRTH 1-22-11		GE (In years birthday)	If Under Months	Doys Hours Min.
		orking life, even i			usiness or industry Home	Marylan		country)	12. CITI:	USA
13. F	ATHER'S NAM	_	u o h o m n			Myrtle		:11		
IS. W	Vos Deceased no or unknown)	S. Beau Ever in U. S. A (If yes, give wo	or or dotes of	service)	6. SOCIAL SECURITY NO.	17. INFORMANT	0 11.	L.3.4.		ADDRESS
	No					Mr Richa	ard De	nt Same	as "E	11
	hearl failure, injury or cam A DISEASES O rise la lhe	LEADING TO If mean the r risthenia, etc. I olication which NTECEDENT (R CONDITION abave caus CONDITION	made of dyin II means the caused dea CAUSES NS, if any, se (A) stat	disease, ith.)	(B) Prob. DUE TO, OR AS	A CONSEQUENCE OF:		Cal Into		
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MEDICAL CERTIFICATION	DISEASES OF THE PROPERTY OF THE DEATH OF THE	Il mean the restriction of the country of the count	made of dyin means the coused dear CAUSES NS, if any, se (A) stated to the ten coused dear the coused dear th	giving ling The BUTING RMINAL A). ON FOR WHMED 21 B. PL home, etc.) our) 21 E. IN While Work tended the live on	(B) Plob. DUE TO, OR AS (C) SCOD CONTROL OF INJURY (e.g., form, foctory, street, control of the control of t	20A. AUTOPSY? (Y. NO in or obout 21C. WHERE office bldg., INJURY OC 21F. HOW 19 / 28 / 68 4: 19 68 view the body after ending Med. ps. Med. Directors 23D. ADDRESS St. Agne	es or No) 20 IN CUR? DID INJURY 15 PM and that i death.	OB. IF YES, WER CERTIFYING COUR? (If In Boltin occur?	28/68 ppinion dea	6:30 PM9 th accurred on the description of the desc



C-462

68-10014 BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S	CERTIFICATE OF DEATH REG. NO. 6	8-10014
BIRTH NO.	KLG, NO	
1. NAME OF DECEASED	2. DATE Known X Month Day Yeor	Hour
(Type or Print) RAYMOND CLARK	OF DEATH Estimoted 9 29 68	5:00 p M.
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	3. DATE Month Day Yeor	Hour
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET	PRONOUNCED DEAD	
HOSPITAL ADDRESS OR LOCATION)	September 29, 1968	5:00 p M
OR INSTITUTION	5. USUAL RESIDENCE (Where deceosed lived. If institution: residence A. STATE B. COUNTY	before odmission)
City Hospital	Maryland BAL	TO[. 53 4
6. SEX 7. RACE B. MARRIED NEVER MARRIED	C. CITY OR TOWN D. INSIDE CITY LIMITS?	
	50000	
Male White WIDOWED DIVORCED	Balto ESSEX YES	NO
9. DATE OF BIRTH 10. AGE (In years If Under 1 Yr. If Under 24 Hrs. Months; Days, Hours; Min.	E. STREET AND NUMBER	
JAN. 12 1913 55	186 Manle Rd	
11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF	186 Maple Rd.	
WHAT COUNTRY?	RENTAMIN CLANU	
TA HELIA GEGURATION SELVENT OF BUSINESS OF INDUSTRI	BENJAMIN CLARK	
14A.USUAL OCCUPATION (Give kind of work) 14B. KIND OF BUSINESS OR INDUSTR done during most of working life, even if retired)	113. MOTHER'S MAIDEN NAME	
STEEL	,	
16. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. SOCIAL	IB. INFORMANT ADDRESS	
(Yes, no or unknown) (If yes, give wor or dates of service) SECURITY NO. 2-69-/2-88	I ELLEN CLARK AG	BOVE
	1 // //	APPROXIMATE INTERVAL
CAUSE OF DEA		WEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY Arteriosc	lerotic aardiovascular disease	
LEADING TO DEATH		
(This does not mean the mode of dying, e.g., (A)IMMEDIATE (DUE TO, OR	AS A CONSEQUENCE OF:	
heort foilure, osthenio, etc. It means the disease, injury or complication which caused death.)		
ANTECEDENT CAUSES (B)		
	AS A CONSEQUENCE OF:	
RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		
[C]		
E 422.1		
TO THE DEATH BUT NOT RELATED TO THE TERMINAL		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W		
20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W	AS PERFORMED 21. AUT	OPSY? (Yes or No)
Ö		
₹ 22A. EXTERNAL CAUSE WAS 22B PLACE OF INJURY(e.g.,	in or obout 22C. WHERE DID (If in Boltimore City, give exact location	XES
22B. PLACE OF INJURY(e.g., home, form, foctory, street, office	te bldg., etc.) INJURY OCCUR?)
UTING CAUSE OF DEATH.		
22D. TIME (Month) (Doy) (Yeor) (Hour) 22E.INJURY OCCURRED	22F. HOW DID INJURY OCCUR?	
(APPROX.)	T WHILE []	
(AFFROX.) m. WORK AT V	VORK L	
	and that on this basis, death in my opinion	
resulted from Notural dauses XX Accident Suici	de Homicide Undetermined monner	
	CHIEF MEDICAL EXAMINER	
ACTUAL DIA A	ASSISTANT MEDICAL EXAMINER	DATE SIGNED
SIGNATURE),	
EXAMINER'S	ASSOCIATE MEDICAL EXAMINER 0/20/68	
NAME (Type) Edward F. Wilson, M.D.	9/30/68	(6,-,-)
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY REMOVAL (Specify)	or CREMATORY 24D. LOCATION (City, town, or count	y) (Stote)
BURIAL 10/4/68 5ARDENS	OF FAITH BALTO. MI	0
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	OF FAITH BALTO. MA	•
OOT		
UC 1 3 1968 Reber & Staller M.	1 DO CONNELLY SONS	300 MACE
Les almanda a series de la companya del companya de la companya del companya de la companya de l		

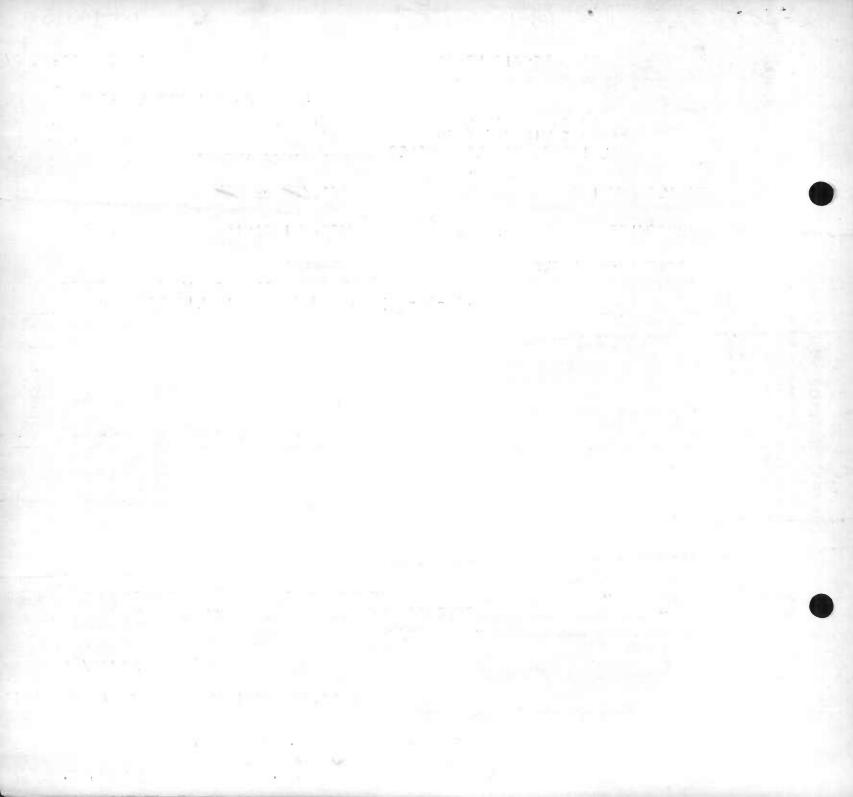
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A THE THE SERVE SALES WAS DELIGHT.

000.5	BALTIMORE CITY HEALTH DEPARTMENT
08-10015	CERTIFICATE OF DEATH

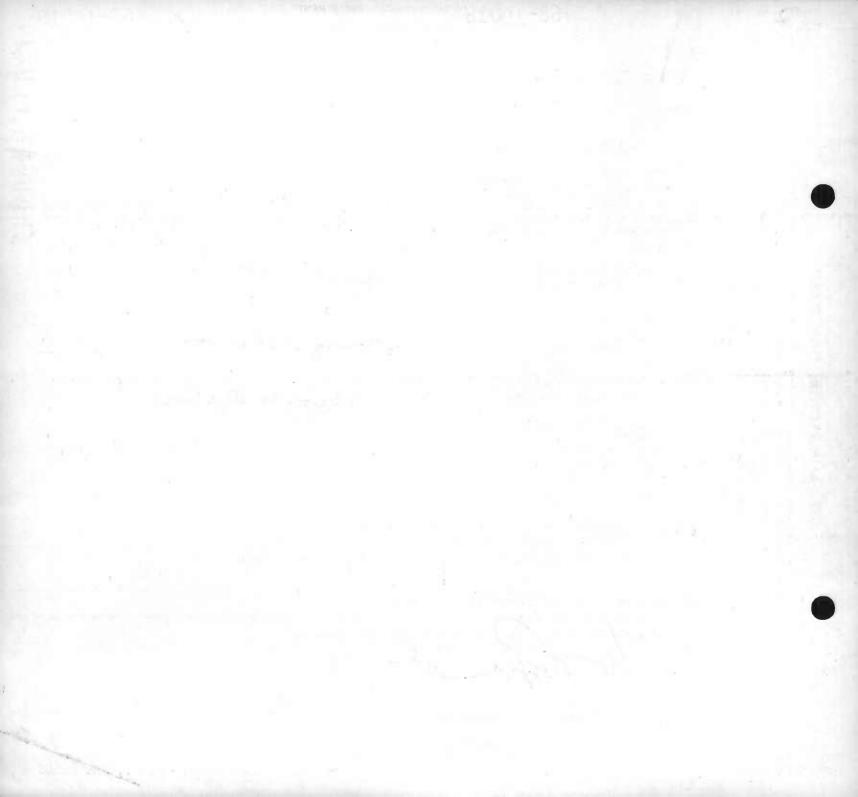
10	68-10015
REG. NO	00 10010

BIRTH NO.	68	100	15 CERTIFICA	TE OF DEATH	REG. NO	68-10015		
Type or Print)				2. DATE A SEP	TEMBER 28,	, 1968 11:45 PM		
3. PLACE IN	BALTIMORE, MARYLAND, W		OUNCED DEAD	A. STATE B. COU	ere deceased lived. If i NTY ANNE ARUNE	institution: residence before admission)		
HOSPITAL OI	A DDRESS OR LOCA	(NOIT		C. CITY OR TOWN D. INSIDE CITY LIMITS?				
/ -	ST AGNES F	USPILL	AVENUES	N.LINTHICU	M	YES NO		
40	BALTIMORE,			E. STREET AND NUMBER	AVENUE			
5. SEX	6. RACE		NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months! Doys Haurs Min.		
FEMALI	CCUPATION (Give kind of work	WIDOWED		06/12/24 86	82			
	st af warking life, even if retired)	Dwn H		WEST VIRGI	,	U.S.A.		
3. FATHER'S	NAME	0011		14. MOTHER'S MAIDEN NA				
ASBU	JRY SPONAUGLE			MANDANA				
S. Was Dece	ased Ever in U. S. Armed For	ces?	1 6. SOCIAL	17. INFORMANT CAT	ON E WILKE	NS AVERIUES		
NO	lowin it yes, give war or dote	s or service/	219-16-6970		SPITAL'S F			
1B. 4	2.3 □		CAUSE OF DEAT	4		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH		
UN DERL	ONIFICANT CONDITIONS CO DEATH BUT NOT RELATED TO TO DR CONDITION GIVEN IN PAR	Slating the NTRIBUTING HE TERMINAL I I (A).		a consequence of: is cleretic	Heart,	disiasi		
E C	WAS PERI	ORMED	WHICH OFERATION	NO	IN CERTIFYING CA	FINDINGS CONSIDERED AUSES OF DEATH?		
OR CONT	IDENT WAS UNDERLYING CRIBUTING CAUSE OF otify medical examiner	21E hor etc	ne, form, foctory, street, of	fice bldg., INJURY OCCUR?	(If in Boltimo	ere City, give exoct location)		
OF INJUR (APPROX.)	Υ		L INJURY OCCURRED hile At Not While ork At Wark	21F. HOW DID IN	JURY OCCUR?			
that (X)	ature	d olive on.	SEPTEMBER 28 X) (We) (did) (新分分) Atte Begree Phys	19 68 and the leave the body ofter death.		inion deeth occurred on the date 23B. DATE SIGNED 09/29/68		
24A. BURIAL	used U.	LUN	AME of CEMETERY OF CRE	ST AGNES HOS				
REMOVA	AL (Specify)							
Burial SA. DATE RE	C'D BY HEALTH DEPT.		eadowridge Mer		kridge, Mar	ryland		
	uci 3 1968	Rober	8 . Failenna	Robert P. W	**	Burnie.Md.		
S 150-REV. 1	/1/68					- Dazmad Mid		



VS 150-REV. 1/1/6B

BALTIMORE CITY HEALTH DEPARTMENT



IMPORTANT

FUNERAL DIRECTOR:

VS 150-REV. 1/1/6B

BALTIMORE CITY HEALTH DEPARTMENT

NO

YONNE

70

ADDRESS

APPROXIMATE INTERVAL

SETWEEN ONSET AND DEATH

If Under 24 Hrs.



I. NAME OF DEC	EASED	8-10018 CERTIFICA	2. DATE AND	HOUR OF DEATH	
(Type or Print)	JOHN P	UGLIONESI	Sep	t. 29. 196	8 11
3. PLACE IN BAL	TIMORE, MARYLAND, V	VHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where d	leceased lived. If in	stitution: residence befo
FULL NAME OF HOSPITAL OR INSTITUTION	ADDRESS OR LOC	TAL OR INSTITUTION, GIVE STREET ATION)	Maryland c.CITY OR TOWN Baltimore	Jo. insit	VES AK NO
00 41	.42 Marx Ave.		E. STREET AND NUMBER 4143 Marx Ave.		
5. SEX	6. RACE	7. MARRIED X NEVER MARRIED	B. DATE OF BIRTH 9.	AGE (In years t birthdoy)	If Under 1 Yr. If U
Male	White	WIDOWED DIVORCED	Mar. 23, 1888	81	
	UPATION (Give kind of wor working life, even if retired)	k 10B, KIND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (State or foreign	country)	12. CITIZEN OF WHA
Laborer	working the, even it retired)	Transit Co.	Italy		Italy
13. FATHER'S NA	ME		14. MOTHER'S MAIDEN NAME		
? Pugl	ionesi		Unknown		
IS Was Deceased	Ever in U. S. Armed Fo	ices? 1 6. SOCIAL	17. INFORMANT		ADDRESS
	(If yes, give war or dot		T.1 C	CZ A.87 - 1 1	A
No	5 83 :	213-09-9082 CAUSE OF DEA	John Carson, 550	Agreigh	Ave.
1200	2,9		in		BETWEEN ONS
DISEAS	SE OR CONDITION DI LEADING TO DEATH		0.10	· · · · ·	4 ne
/This doos -	r n - 12 1	(A) IMMEDIATE CA	USE your nomen		1 (,,,-d
/11112 GOG2 I	not mean the mode of		A CONSEQUENCE OF	0-00	0-2
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heort foilure, injury or con	osthenio, etc. It meons application which caused	d deoth.)	S A CONSEQUENCE OF:	and st	sec.
heort foilure, injury or con	osthenio, etc. It meons application which coused ANTECEDENT CAUSES	d deoth.)	pm	prod st	are .
heort foilure, injury or con	osthenio, etc. It meons application which caused	ony, giving DUE TO, OR A	S A CONSEQUENCE OF:	and st	
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DISEASES OF THE PROPERTY OF THE PEAR OF TH	osthenio, etc. It meons inplication which coused ANTECEDENT CAUSE: OR CONDITIONS, it e above cause (A) G CONDITION tost. II FICANT CONDITION'S CO ITH BUT NOT RELATED TO CONDITION GIVEN IN PA COPERATION 198. COT WAS PEI	ony, giving DUE TO, OR A SIOING IHE (C)	20A. AUTOPSY? (Yes or No)	20B. IF YES, WERE F	USES OF DEATH?
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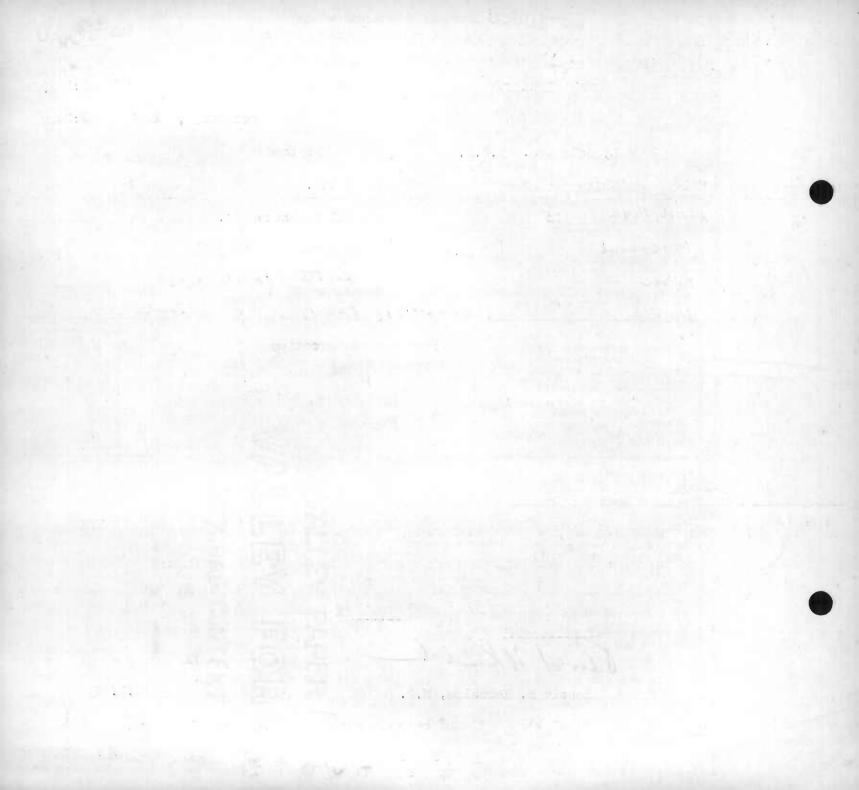




M-343

68-10020 BALTIMORE CITY HEALTH DEPARTMENT

			MED	ICAL	EXAMINER'S	CERTIFI	CATE OF	DEATH	H REG. NO.	00-	10020
BIR	TH NO.								KEG, NO.		
1.	1. NAME OF DECEASED E. (Type or Print)						Knawn 🖳	Month	Day	Year	Haur
	GORMAN MIDDLETON						Estimated 🗌	10	1	68	3:24 p M.
4.	4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD						UNCED DEAD	Month	Day	Yeor	Hour
HO	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL ADDRESS OR LOCATION) OR INSTITUTION							October		68 residence	3:24 p M. before odmission)
1	22					A. STATE			B. COUNTY		
-		0 Lynd	ale Av	e. D	.O.A.	C. CITY O	Maryland		D. INSIDE CI	TMAMARITOD	
6.	SEX	7. RACE			NEVER MARRIED		KIOWN				
I	[ale	Whit	e	WIDOWE	DIVORCED L	Ba1	to.		YE	s 🔏	NO L
11.	Vov. 16, 19		10. AGE (In		If Under 1 Yr. If Under 24 Hr Aanths: Doys , Hours , Mi	n.	AND NUMBER	- D.J			
	BIRTHPLACE (SI		n country)	1	2. CITIZEN OF	13. FATHE	Dumbarton	n_Rd			
	MARTI	Land			WHAT COUNTRY?	are	hur Him	Idutor			
14A dar	e during most of wo	ATION (Give orking life, eve	kind af work en if retired)	148. KIND	OF BUSINESS OR INDUST			ME	6		
16	WAS DECEASE	D EVER IN I	IS ARMED	FORCES?	17. SOCIAL	18. INFOR			1	DRESS	
(Ye	s, na ar unknown)	il yes, give w	ar ar dates	al service)	SECURITY NO.	FA	4./1		Some		
	NO				212-42-543		4.14		70000		PPROXIMATE INTERVAL
	19. 304	171			CAUSE OF DI	EAIN				BETY	WEEN ONSET AND DEATH
	DISEASE	OR CONDI	TION DIRE	CTLY	Intrav	enous Na	arcotism				
		EADING TO			(A)IMMEDIAT	E CAUSE					
	(This does no heart failure,	t meon the osthenio, etc.	mode of dy It means the	ing, e.g.,	DUE TO, C	R AS A CONSE	QUENCE OF:				
	injury ar cam	plication whic	h coused de	oth.)							
	ANI	TECEDENT	CALISES		40)						
	DISEASES O			Y. GIVING	DUE TO, C	R AS A CONS	EQUENCE OF:				
	RISE TO THE	ABOVE CAL	JSE (A) STA	TING THE							
Z	UNDERLINA	G CONDIII	ON LAST.		(C)						
	3237	1	11				and the state of				
CERTIFICATION	TO THE DEA	TH BUT NOT	RELATED TO	THE TERMIN							
	DISEASE OR				OR WHICH OPERATION	WAS PERFOR	MFD			121. AUTO	OPSY? (Yes or No)
	1	OF EXAMON	200. CO	ADIIIOI4 I	OK WINCH OF EKAHOTE	WAS TEREOR	MED				,
_3				- 10	00 Di		20.C WHIEDE DID	// D Iv	Cit		YES
V O	HNDERLVING	OR CON		2 h	28. PLACE OF INJURY (e.	g., in or obout Hice bldg., etc.)	INJURY OCCUR?	(It in Boltimar	e City, give exc	ict racorian)	
100	UTING CAL										
2	OF INJURY	Month) (D	ay) (Yeo	r) (Haur)		*	22F. HOW DID IN	JURY OCCL	JR?		
	(APPROX.)					OT WHILE					
	23.										
	I certi	fy that I h	eld an I	nquiry _	Inspection .	Autapsy XX	and that on t	this basis,	deoth in my	opinion	
	result	ed from: N	aturol cou	ses X	Accident Sui	cide 🗌 🕴	lomicide 🗌	Undetermin	ned monner [
		7	7	10.	1/ , /		CHIEF MEDICAL	EXAMINER			
	ACTUAL	1/	. 1.1	1/1	C. bh	AS	SISTANT MEDICAL	FXAMINER	XX		DATE SIGNED
	SIGNATU		wy	-1/	,	A.D.					
	EXAMINE NAME (T		1.000	NT 17.00	and I am M D	A55	OCIATE MEDICAL	EXAMINEK		10/2/6	18
24	NAME (T)		48. DATE	N. KO	rnblum, M.D.	RY or CREMA	TORY 24D.	LOCATION		n, ar count	
	MOVAL (Specif	(1)		1 62	0 41	amil			, Nou		
	Burral		10-5-1	68	Crest tour		Me	enesttoy	ile,	Co.	MD.
25	A. DATE REC'D	BY HEALTH	DEPT.	258. NA	AME OF REGISTRAR	25C	FUNERAL DIRECT	TOR		DDRESS	1 .
		OCT 9	1968	000	B & Farling	MA	hard . HAHA	into man	e Hue, 4	200 Pe	unny Ton level
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IMPORTAN

DIRECTOR:

FUNERAL



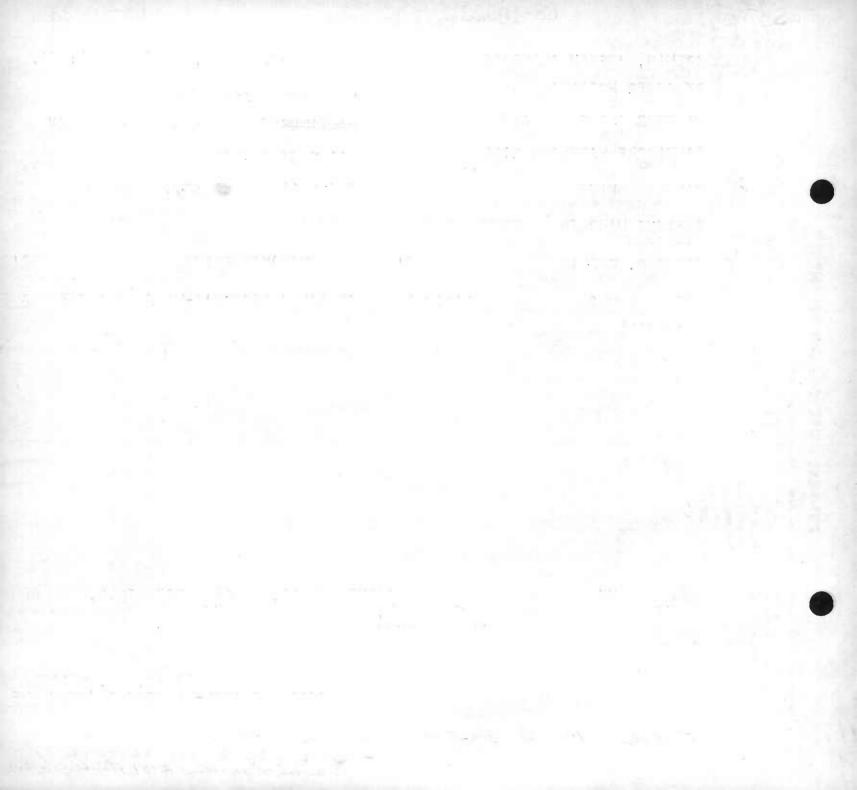
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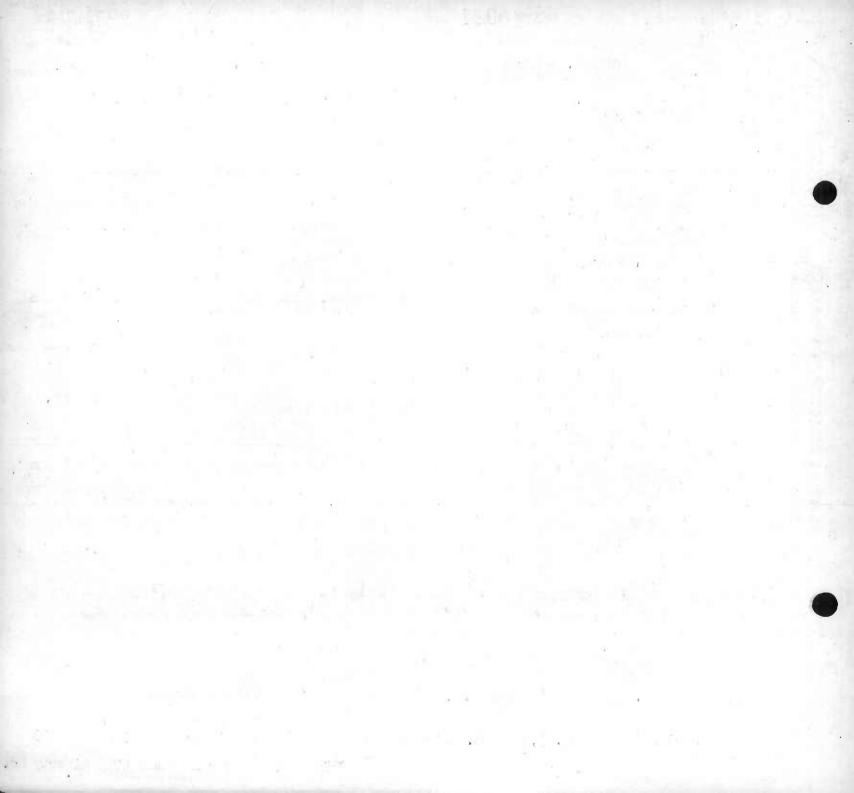
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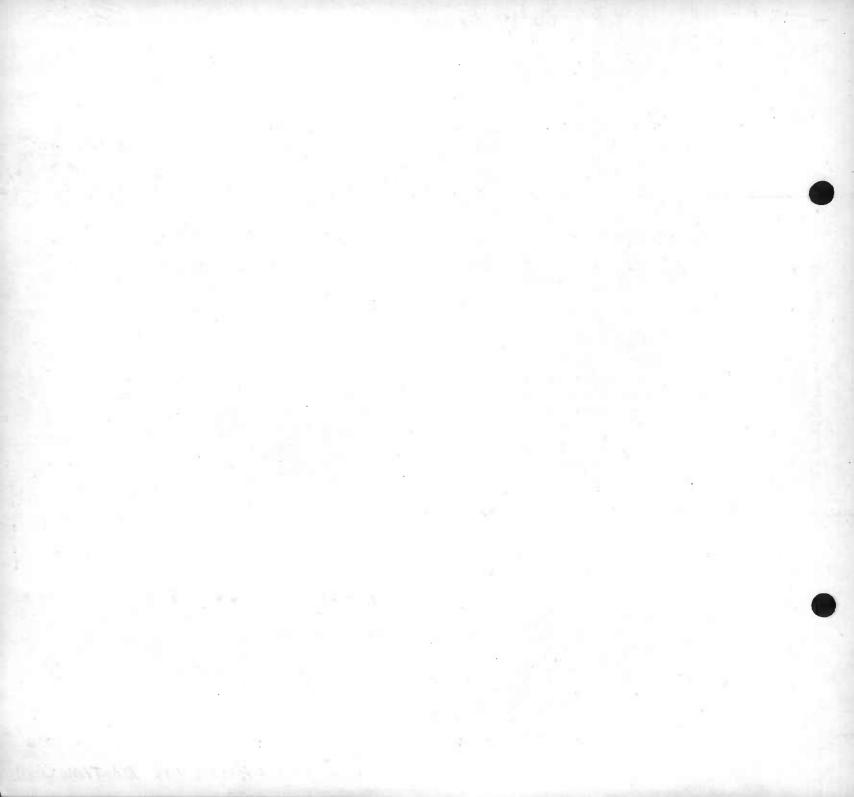
Lucy M. Schmidt Johns Hopking Hispital

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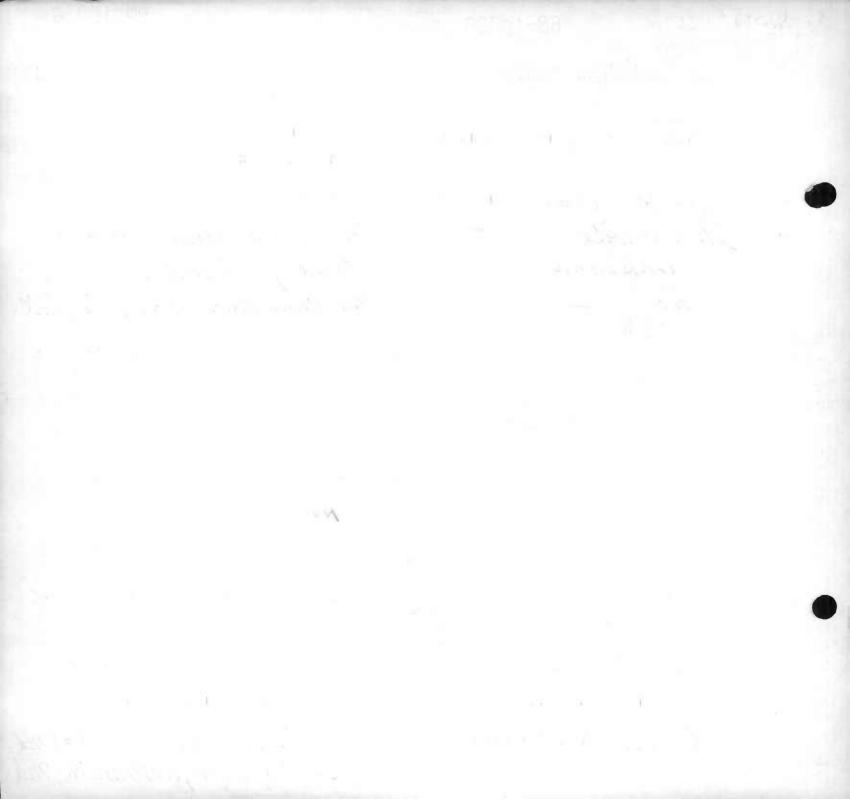
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00		HEALTH DEPARTMENT		68-10026				
BIRTH NO. 08-1	026 CERTIFICA	TE OF DEATH	Registered Na	20000				
M.E. CASE NO. 1. NAME OF DECEASED			AND HOUR OF DEATH	170 1				
(Type or Print) Pomus 1011	>	9	129/19	5 50/ 0				
3. PLACE OF DEATH IN BACTIMORE, MARYLAND		4. USUAL RESIDENCE (W	Here deceased lived. If ins	titution: residence before admission)				
		A. STATE B. COL	INTY //	200				
FULL NAME OF (If not in hospital or institution) HOSPITAL OR oddress or location)	ution, give street	MARYLAND	(sysell	Co 36-00				
HOSPITAL OR oddress or location) INSTITUTION			outside city limits, write R	URAL and give township)				
THE JOHNS HOPKINS H	OSPITAL	NEW WINDS						
3 3			If rural, give location)					
23		RT # 1 Box 59						
5, SEX 6. RACE 7. MA	RRIED, NEVER MARRIED OWED, DIVORCED (specify)	B. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. If Under 24 Hrs. Months; Doys Hours Min.						
FEMALE NEGRO	WIDOWED	01-17-05	63					
10A. USUAL OCCUPATION (Give kind of work 10B. KIT		11. BIRTHPLACE (State or fo	reign country)	12. CITIZEN OF WHAT COUNTRY?				
done during most of working life, even if retired)		month /	anal.	11: (()				
3. FATHER'S NAME	1	14. MOTHER'S MAIDEN N	AME COLLAR	20.4.				
			2					
unknown		Mary	/ wroun					
5. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dotes of ser	vice) 1 6. SOCIAL SECURITY NO.	17- INFORMANT		ADDRESS				
NO -		mrs. anna	Belle In	16 rowword				
18.4500 V	CAUSE C	OF DEATH	rauce-por	INTERVAL BETWEEN				
DISEASE OR CONDITION DIRECTLY	4.		a N.	ONSET AND DEATH				
LEADING TO DEATH		chanic so	Collins Co	several years				
(This does not mean the made of dying,	e.g., DUE TO	90000	VCOC SONOO	The state of the s				
heart failure, asthenia, etc. It means the dis injury or camplication which coused death.)			J					
ANTECEDENT CAUSES	(B)							
	DUE TO							
DISEASES OR CONDITIONS, if any, rise to the above cause (A) stating								
UNDERLYING CONDITION last.	() /							
592 X II			1					
		1 0.01	plemat	1				
O THE SIGNIFICANT CONDITIONS CONTRIE TO THE DEATH BUT NOT RELATED T DISEASE OR CONDITION CAUSING IT.	o THE Congestive	heart forture	& effusion	menown				
19A. DATE OF OPERATION 19B. CONDITION WAS PERFORMED	FOR WHICH OPERATION	20A. AUTOPSY? (Yes or	No. 208. IF YES, WERE F	INDINGS CONSIDERED				
E O		No	can into cat	or practice				
OR CONTRIBUTING CAUSE OF	218. PLACE OF INJURY (e.g., home, form, foctory, street,	n or about 21 C. WHERE DID	(If in Boltimore	City, give exact location)				
▼ DEATH (notify medical examiner)	etc.)							
O 21 D. TIME (Manth) (Day) (Year) (Hour	21E, INJURY OCCURRED	21F. HOW DID I	NJURY OCCUR?					
S OF INJURY (APPROX.)	While At Not Whi							
(AFFROM)	Work At Work		10	16				
22. I certify that (I) (this hospital) atten	700 / m A	7/29	19 6 % ta	9/29 1960				
that (1) (we) last saw the deceased alive	that (1) (we) last saw the deceased alive an 9/29 1966 and that in (my) (aur) apinian death accurred an the date							
and haur and from the causes stated abo	ve. (I) (We) (did) (did nat)	view the bady after deat	1.					
23A. SIGNATURE		, , , , , , , , , , , , , , , , , , , ,		23B, DATE SIGNED				
0 11 1	M.D. Att	ending Med.	Stoff	9/29/68				
23C. PHYSICIAMS	Ph		Phy s.	1/01/00				
NAME (Type)		23D. ADDRESS	Moorena II	001711				
DAVID H. KATZ	M.D.	THE JOHNS	HOPKINS H	SPITAL				
24A. BURIAL CREMATION, 24B. DATE BEMOVAL (Specify)	4C. NAME of CEMETERY OF CR	EMATORY 24D.		y, town, or county) (State)				
Bus all 10/2//2	mystem 1/2	bel amily	mullel.	do Phalmal				
25A, DATE REC'D BY HEALTH DEPT. 25B. N.	AME OF REGISTRAR	25C. FUNERAL DIRECT	OR WWW WWW	ADDRESS				
OCT \$ 1968 (R O.	- E Balenta	a. Sarlas.	1880 1. h.	e-truet not				
VS 150-REV. 1/1/65	7740	TXUZIVIN	185 14 IN	Minmone 111				
/3 I3V=KEV, 1/1/03		- /	V A	/				





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68-40	DOO BALTIMORE CITY	HEALTH DEPARTMENT	00 - 0-
BIRTH NO. 68-10	CERTIFICA	TE OF DEATH RE	G. NO. 68-10029
1. NAME OF DECEASED ATT	EN EU	2. DATE AND HOUR	T 19 19687:050 M
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRO	NOUNCED DEAD	A. STATE B. COUNTY	d lived. If (institution: residence before admission)
FULL NAME OF (IF NOT IN HOSPITAL OR IN:	STITUTION CIVE STREET	320 71 Paga	Street
HOSPITAL OR ADDRESS OR LOCATION)	SHIDION, GIVE SINCE	C. CITY OR TOWN	D. INSIDE ONY LIMITS?
48 Marylande	DEMERA	Dallemail	ES NO
	HOSD.	Placyland Number	2,2,2
5. SEX 6. RACE 7. MARRI WIDOW		8. DATE OF BIRTH 9. AGE (In lost birthdo	yeors If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
10A, USUAL OCCUPATION (Give kind of work 10B, KIND	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
dane during most of working life, even if retired)		St. Ta	yes
13. FATHER NAME	1	14. MOTHER'S MAIDEN NAME	
Trades (arl	ey	DA donn	
S. Wos Deceosed Ever in U. S. Armed Forces?	1 6. SOCIAL	17. INFORMANT	ADDRESS
(Yes, no or unknown) (If yes, give wor or dotes of service)	SECURITY NO.	Berlad Dr	farmon
118.	CAUSE OF DEATI	1 //	APPROXIMATE INTERVAL
DISEASE OR CONDITION DIRECTLY		() ()	BETWEEN ONSET AND DEATH
LEADING TO DEATH	(A) IMMEDIATE CAU	ISE CANDIAC a	MOSI IM JERI
(This does not mean the made of dying, a heart lailure, asthenia, etc. II means the disec	e.g., DUE TO, OR AS	A CONSEQUENCE OF:	
injury ar camplication which caused death.)		rath Hamis	akilla Plan
ANTECEDENT CAUSES	(B) A/	Van Ilvila-ni	Wandywata: aain
DISEASES OR CONDITIONS, if any, giv		A CONSEQUENCE OF:	
rise to the above cause (A) stating UNDERLYING CONDITION last.	(c) //AC	1 ACIUDSIS + 011	Whele was another amount
260V II		X POMA	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMIN		2 007 11.	5 70 10 11
DISEASE OR CONDITION GIVEN IN PART 1 (A).		1204 ALVINOR ALVINOR AND	
198. CONDITION FOR WAS PERFORMED	DR WHICH OPERATION	20 A. AUTOPSY (Yes or No.) 20 B. IF	YES, WERE FINDINGS CONSIDERED TRYING CAUSES OF DEATH?
	21B. PLACE OF INJURY (e.g., i	n or about 21 C. WHERE DID	f in Boltimore City, give exact location)
▼ DEATH (notify medical examiner)	21B. PLACE OF INJURY (e.g., i home, form, foctory, street, of etc.)	fice bldg., INJURY OCCUR?	
9	21E. INJURY OCCURRED	21F. HOW DID INJURY OCC	UR?
₩ OF INJURY (APPROX.)	While At Not Whil	e 🗔 /	- 1
	Work At Work	50118 15	Spot 19 18
22. I certify that (I) (this hospital) attende	A IZAA I IIR	11/11	10 19 0
that (I) (we) lost saw the deceosed olive	1	, 0 ,	(our) opinion death occurred on the date
and haur and from the causes stated above	B. (I) (We) (did) (did not) v	iew the body ofter deoth.	
23A. SIGNATURE	1/Den As Same	anding Med. Staff	23 B, DATE SIGNED
J J J Y W / W	DEGREE Phy	s. Director Phys.	
23C. PHYSICIAN'S NAME (Type)	1LAKALI	23D. ADDRESS	
71 30 6-6031	THE DEGREE		
24A. BURIAL CREMATION, 24B. DATE 240	C. NAME of CEMETERY OF CRE	EMATORY 24D. LOCATION	(City, town, or county) (Stote)
Bureal 9/26/68	Ollen Have	en Com Allen	Burnie, Md.
25A. DATE REC'D ONIALTH DEPT 25B NAM	NE OF REGISTRAR	2SC. FUNERAL DIRECTOR	ADDRESS
1000	RELUCIO . NICHEL MAR	· 17/11. pm 1868	7 me 18 Da. 1/Ka UTIN

7/26/

25C. FUNERAL DIRECTOR



a hospital and

68-10030	BALTIMORE CITY	HEALTH DEPARTMENT		68-10030
	CERTIFICA	TE OF DEATH	REG. NO	00_1000
BIRTH NO.			D HOUR OF DEATH	
(Type or Print) ESSIE B. STRONG				81 10:45 AM
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUN		4. USUAL RESIDENCE (Where	deceased lived. If institu	Vition: residence before odmission)
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUT	ION CIVE STREET	1. ~	ONE /1	
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUT HOSPITAL OR ADDRESS OR LOCATION) INSTITUTION	ION, GIVE STREET	C. CITY OR TOWN		CITY LIMITS?
RUNIVERSITY OF MARYL	(d. 1)	BALTIMORE		S D NO
		E. STREET AND NUMBER		
OPD. BACTO, MD, 5. SEX 6. RACE 7. MARRIED	,	715 DRN1	DHILL AUX	E BALTO, MD.
5. SEX 6. RACE 7. MARRIED V	NEVER MARRIED	B. DATE OF BIRTH	ost birthdoy)	Under 1 Yr. If Under 24 Hrs.
F NEGRO WIDOWED	DIVORCED [12/21/63	69	
OA. USUAL OCCUPATION (Give kind of work 10 B. KIND OF B	USINESS OR INDUSTRY	BIRTHPLACE (State or foreig	in country) 1	2. CITIZEN OF WHAT COUNTRY?
4 OUSEWIFE	MMP.	Amelia Co	Virginia	USA
3. FATHER'S NAME	0100	14. MOTHER'S MAIDEN NAM	IE 3	
Hackatt Andorson	×	Mary Jan	0.	
S. Was Occased Ever in U. S. Armed Forces?	6. SOCIAL	17. INFORMANT		ADDRESS
Yes, no or unknown) (If yes, give wor or dates of service)	SECURITY NO.	4816	1	
119 4/4 6	CAUSE OF DEATH	Mr. Carnest 2	strong 16.	APPROVINATE INTERVAL
18.4/0.01	CAUSE OF DEATH	,	9	BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH		MENTRICULAR	GARMAN	454W
(This daes not mean the made of dying, e.g.,	DUE TO, OR AS	SEVENTRICULAR A CONSEQUENCE OF:	MARICUATION	(304(1))
heort failure, osthenia, etc. It means the diseose, injury or complication which caused death.)				
ANTECEDENT CAUSES	AVN	ODIA INFAR	TOO	45 MIN
DISEASES OR CONDITIONS, if ony, giving	(B) DUE TO, OR AS	A CONSEQUENCE OF:	1 (10)4	7 3 / 2(/0
rise to the above cause (A) stoting the		ENSIVE ALTERI		24 EARS
UNDERLYING CONDITION Iosi.	(c) / / / C/4 6			
O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING		CARDIOVAS	CULAR DISEA	st
TO THE DEATH BUT NOT RELATED TO THE TERMINAL				
DISEASE OR CONDITION GIVEN IN PART 1 (A).	IICH OPERATION	20 A. AUTOPSY? (Yes or No)	208. IF YES, WERE FINI	DINGS CONSIDERED
19A. DATE OF OPERATION 19B. CONDITION FOR WE WAS PERFORMED		I/V0	IN CERTIFYING CAUSE	S OF DEATH?
U 21A. ACCIDENT WAS UNDERLYING 218. PI	form, foctory, street, of	n or obout 21 C. WHERE DID	(If in Baltimore C	ity, give exact location)
DEATH (notify medical exominer)	,,,,	34		
21D. TIME (Month) (Doy) (Yeor) (Hour) 21E, II	NJURY OCCURRED	21 F. HOW DID INJU	IRY OCCUR?	
OF INJURY (APPROX.) White	At Work			
		AUG- 30 11	968 ta	OCT 1 1968.
22. I certify that (1) (this haspital) attended the	An T	1 , 0		
that (I) (we) last saw the deceased alive an			τın(my) (σω τ) apinia	n death accurred on the date
and have and from the causes stated above. (1)	(Ne) (did) (did not) v	iew the bady after death.	I	o DATE CONTO
23A. SIGNATURE	TO AHO	nding Med.	Shoff [23	B. DATE SIGNED
Milliam J. Scell	and No DEGREE Phys	. Director L	Phys.	10/1/68
23C. PHYSICIAN'S NAME (Type)		23D. ADDRESS	ha () 1) 11 11 1	40 11 000
WILLAM L. STEWA	RT, M.D, DEGREE	EVALUATION CLIN	VIC UNIVOF,	MO. MOST BARRY
24A. BURIAL CREMATION, 24B. DATE 24C. NAM	NE of CEMETERY OF CRE	MATORY 24D. LO	GATION (City,	town, or county) (Stote)
Burial 10-4-68 Mt.	Hubarn	Cen K	Altimore,	had
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME, OF		25C FUNERAL DIRECTOR	1 -	ADDRESS
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VS 151-REV. 1/1/68

68-10031 BALTIMORE CITY HEALTH DEPARTMENT

68-10031

IRTH NO.		MEDICAL	EXAMINER 3	SERTIFIC.	AIL OI	DLATI	REG. NO.	-	
NAME OF DEC	EASED			2. DATE	Known 🔀	Month	Day	Yeor	Haur
ype or Print)	T ALID ENIC	E PETERSON		OF DEATH	Estimated	1.0	1	68	11:30p M.
PLACE IN BAL		AND, WHERE PRO		3. DATE		Month	Doy	Yeor	Hour
ULL NAME OF	(IF NOT IN	HOSPITAL OR INSTIT	UTION, GIVE STREET	PRONOUN	CED DEAD	0-4-4-	. 1 1	060	11.20 -
OSPITAL R INSTITUTION	ADDRESS	OR LOCATION)		6 HISHAL DES	DENCE (Whee	Octobe		968	11:30 p M.
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	vident H		0.O.A.		aryland				
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Male	Colored		DIVORCED		Balto.		Y	ES C	No - O
DATE OF BIRTI	la.		If Under 1 Yr. If Under 24 Hrs. Manths, Days, Haurs, Min.	E. STREET AN	D NUMBER			/	
12-16-1	1930	37		2	557 Ceci	1 Ave.			
BIRTHPLACE (S			2. CITIZEN OF	13. FATHER'S					
Little I	River, 1	N.C.	WHAT COUNTRY?	Josh	Peter:	son			
A.USUAL OCCU	PATION (Give kir	nd of work 14B. KIND	OF BUSINESS OR INDUSTR	Y 15. MOTHER'S	MAIDEN NA	ME			
one-during most of w	vorking life even i	retired)			Brown				
		1	II7 COCIAL				Α.	DDRESS	
es, no or unknown)	(If yes, give war	, ARMED FORCES? or dates of service)	17. SOCIAL SECURITY NO.	Mrs. E	va Bro	wn 19	008 W.	Sara	toga Stree
119 0	1	,	CAUSE OF DEA	TH					PROXIMATE INTERVAL
1- 4	601						1 1	BETW	EEN ONSET AND DEATH
	E OR CONDITIO		Gunshot	wound o	t the he	eart an	d lungs		
	LEADING TO DI	de of dying, e.g.,	(A)IMMEDIATE						
heart failure	, asthenia, etc. It r	neons the disease,	DUE TO, OR	AS A CONSEQUE	NCE OF:				
injury ar can	mplication which c	aused death.)							
14	NTECEDENT CA	USES	(n)						
		S, IF ANY, GIVING	DUE TO, OR	AS A CONSEQU	ENCE OF:		************		
RISE TO THE	E ABOVE CAUSE	(A) STATING THE							
Z ONDEREIN	TO CONDINO	TASI.	(C)						
E 98	/ X								
		TIONS CONTRIBUTI LATED TO THE TERMIN							
DISE ASE OR	CONDITION GIV	PART 1 (A)							
20A. DATE OF	F OPERATION 2	08. CONDITION F	OR WHICH OPERATION W	AS PERFORME				21. AUTO	PSY? (Yes ar Na)
12								YE	S
	NAL CAUSE WA		2B. PLACE OF INJURY (e.g.,	in or obaut 220	. WHERE DID	(If in Boltimor	e City, give ex		14.62
	OR CONTRI		ome, farm, factory, street, affic	ce bldg., etc.) INJ			E27 M-	361-6	C.L
	(Manth) (Doy)		Street 22E,INJURY OCCURRED	22F	. HOW DID IN	CONT OI	537 Mc	Meckin	St.
OF INJURY	(11101111)	(1601) (11001)				.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
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result	ted from Note	no comest	Accident Suici		icide XX		ned manner		
	01	1 41	1	CH	HEF MEDICAL	EXAMINER			DATE SIGNED
ACTUAL		17 11 10	VIC. M.	ASSIST	ANT MEDICAL	EXAMINER	XX		DAIL SIGNED
SIGNATI			,wi.L		ATE MEDICAL	FXAMINER			
NAME (1	Type) Edw	ard F. Wil	son, M.D.	A330C	THE THE PICAL		1	0/2/68	
4A. BURIAL CREA	MATION, 248.	DATE	24C. NAME of CEMETERY	or CREMATOR	Y 24D.	LOCATION		n, ar county	
EMO.VAL Speci	ify)	7-68	Baltimore N	Jat 17 Ce	em. E	altim			yland
	10								
SA. DATE REC'D			ME OF REGISTRAR	25C. FU	NERAL DIRECT	OR THIT	F.H. 7	DDRESS	ommone Ct
	APT 3	1968 R.C.	Bre Fallens	HOII.	10.0	8		LOT T	aurens St
	1	10 000		- Outre Table	Test forced	Topic .			

A TOTAL CONTROL OF THE PARTY OF

	0.0	0.0	BALTIMORE CITY	HEALTH DEPARTMEN	NT T	00 . 00-			
	68	-1003	CERTIFICA	TE OF DEAT	H REG. NO.	68-10032			
BIRTH NO.			CERTIFICA						
(Type or Print)		15 MS	CORMACK (+	10/10/1/100	SEPT 68	1130			
	ALTIMORE MARYLAND,	-		4. USUAL RESIDENCE	(Where deceosed lived.	If institution: residence before odmissian)			
				MARVI A. B.	COUNTY	7/ 67/			
HOSPITAL OR	ADDRESS OR LOC	TAL OR INSTITU (ATION)	JTION, GIVE STREET	C. CITY OR TOWN	2	DASIDE CITY LIMITES			
INSTITUTION	ITY HOSPITAL			BALTIMOS	35	YES XI) NO [
	+ GREENE ST			E. STREET AND NUME	BER				
	MORE , MD.	21201		205 Scot	T ST.	2(230			
S. SEX	6. RACE	7. MARRIED	NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months: Doys Hours Min.			
M	NEGRO	WIDOWED	DIVORCED	6/15/18	50				
	CUPATION (Give kind of wo of working life, even if retired)		BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote of	or foreign country)	12. CITIZEN OF WHAT COUNTRY			
HANDY	Al Ant			CHARLOTTE,	N.C.	USA			
13. FATHER'S N				14. MOTHER'S MAIDER	NAME				
No	TKNOWN			NOT KI	VOWN.				
15. Was Dacens	sed Ever in U. S. Armed Fo	arces?	1 6. SOCIAL	17. INFORMANT	477-141	ADDRESS			
(Yes, no or unkno	wn) (If yes, give wor ar do	tes of service)	244-12 X221	W)	1				
NO			MOTKNOWN	Mrs. Ibrus	umegys	205 Scott ST			
18. 4	30,41		CAUSE OF DEAT	Н		BETWEEN ONSET AND DEATH			
DISE	ASE OR CONDITION D			0.0.	. > //	41			
IThis does	LEADING TO DEATH		(A) IMMEDIATE CAL	SE SUBARACHA	1011 HEMORKHI	age radys			
heort foilu	heart foilure, asthenio, etc. II means the disease,								
injury or c	injury ar camplication which coused death,)								
	ANTECEDENT CAUSES (B) ARTERIOSCHEROTIC VOICULAR DISLAND								
1	OR CONDITIONS, if the above cause (A)		DUE TO, OR AS	A CONSEQUENCE OF:					
	ING CONDITION last.	sidiling inc	(c)						
330	× II		Λ						
	NIFICANT CONDITIONS CO		ACUTE	PANCREA	TITIS	2 weoke			
▼ DISEASE OF	C DISEASE OR CONDITION GIVEN IN PART 1 (A).								
19A.DATE	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?								
U 21A. ACCII	21A. ACCIDENT WAS UNDERLYING 21B, PLACE OF INJURY (e.g., in or obout 21C. WHERE DID (If in Baltimare City, give exect lacotion)								
OR CONTR	21A. ACCIDENT WAS UNDERLYING								
U			INJURY OCCURRED	215 11612 51	D INJURY OCCUR?				
21 D. TIME OF INJURY	(Month) (Doy) (Yeor				P INJURT OCCUR!				
(APPROX.)	While At C Not While C								
22. I certi	ify that (I)(this haspite	al) attended t			19 68 to 1	LEP 30 1968			
thot(1)(w	ve) lost saw the deceos	sed olive on.	Sept 30	1968 .	and that in (my) (our)	opinion death occurred on the dot			
	ond from the couses st	1		riew the body ofter de	eath.				
23A. SIGNA					7	TERN 238. DATE SIGNED			
TE	Knowles	111.	1/1 - // Db	nding Med.	Vidii	SONT 30 68			
23C. PHYSIC	CIAN'S	1	OEGREE Phy		Phys.				
NAME	(Type)	VAICE	a m M D	UNIVERSITY H		OF MEDICINE)			
TREDI	EKICK LOWIN	MOWLE	S W N. DEGREE	BALTIMORE		(Cib. A			
REMOVA	REMATION, 248. DATE L (Specify)	24C. N.	AME of CEMETERY OF CRI	MAIORY	24D. LOCATION	(City, town, or caunty) (Stote)			
BURIA	1 10-5-	68 1	4. HUBURN	lem.	Baltimore	Md.			
	D'D BY HEALTH DEPT.	25B. NAME	OF REGISTRAR	25C. FUNERAL DIR		ADDRESS			

Dyett Litt. 170/ LAURENS ST

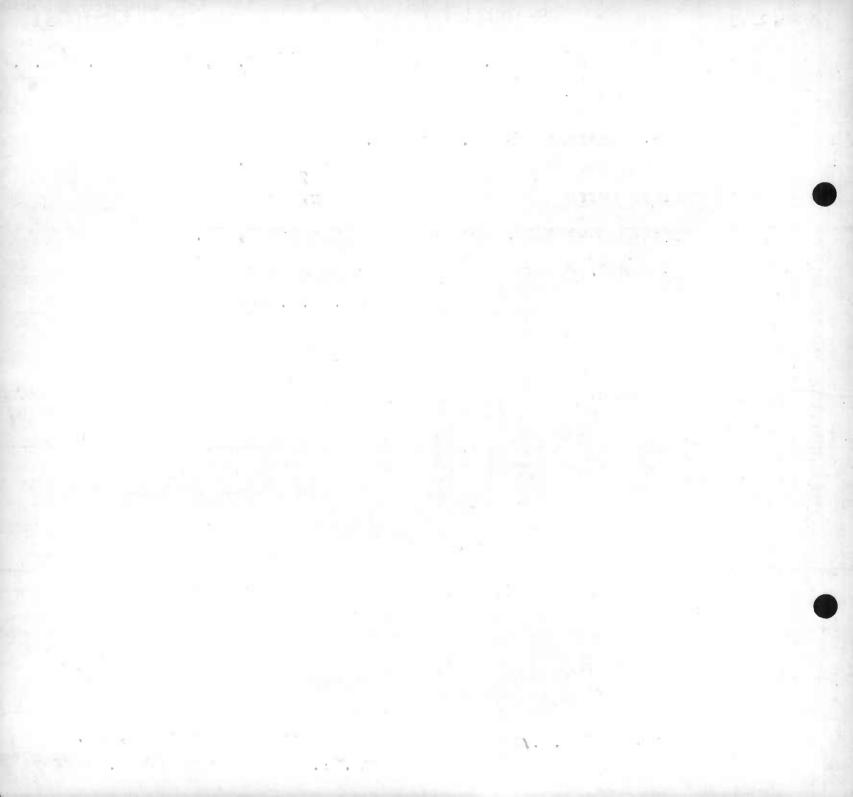
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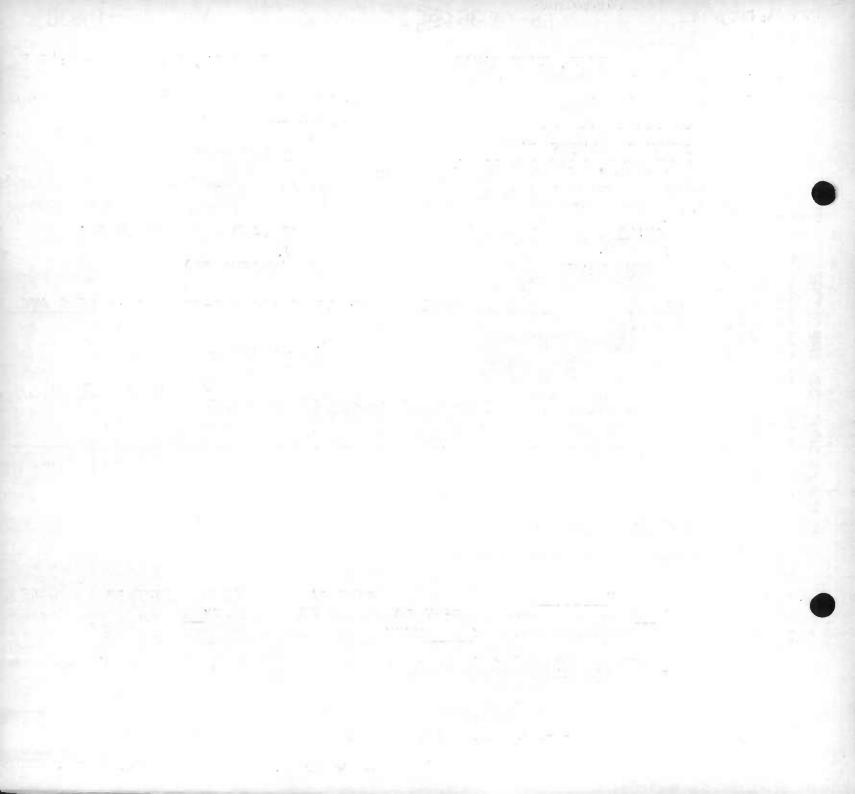
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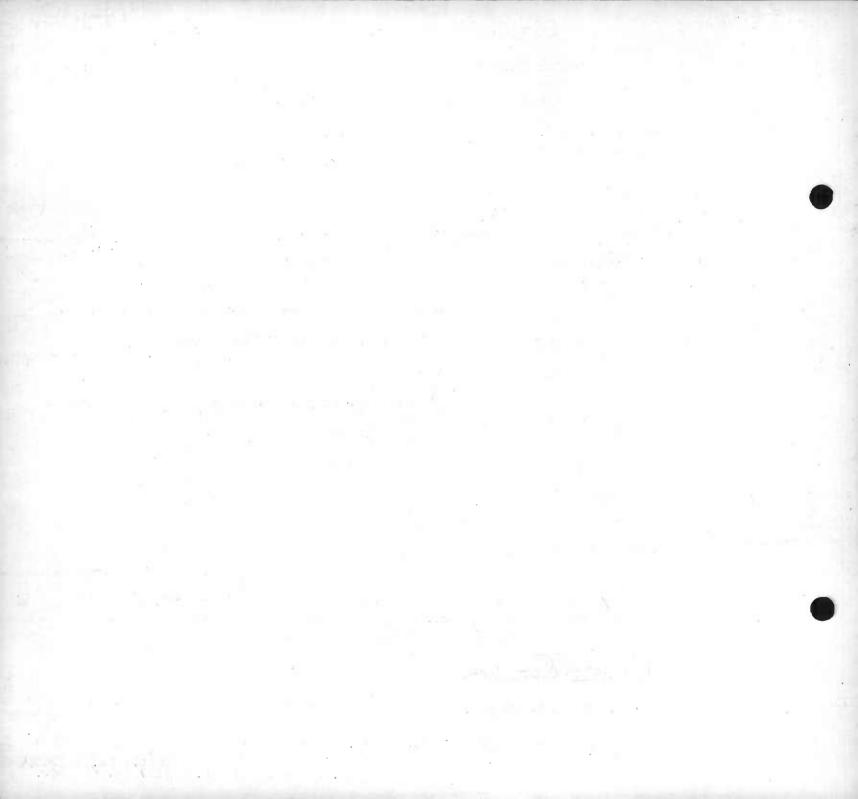
60 100	BALTIMORE CITY HEALTH DEPARTMENT	60 40000
00-100	33 CERTIFICATE OF DEATH	reg. No. 68-10033
BIRTH NO.	CERTIFICATE OF DEATH	
1. NAME OF DECEASED	2, DATE	AND HOUR OF DEATH
Daniel J. MATThews	SY, USUAL RESIDENCE (W	here deceased lived. If institution: residence before admiss
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONO	A. STATE B. CO	UNITY
FULL NAME OF (IF NOT IN HOSPITAL OR INSTIT	TUTION, GIVE STREET MACH THE	and the same of th
HOSPITAL OR ADDRESS OR LOCATION)	C. CUY OR TOWN	D. INSIDE CITY LIMITS?
	BA 1tines	YES NO.
	E. STREET AND NUMBER	
Sinai Huspital	4309 For	est Park Ave #7
5. SEX 6. RACE 7. MARRIED	NEVER MARRIED B. DATE OF BIRTH	9. AGE (In years If Under 1 Yr. , If Under 24 I
M TO N WIDOWED		lost birthdoy Months Doys Hours Min
10A, USUAL OCCUPATION (Give kind of work 10B, KIND O	9/20/10/	oreign-country) 12. CITIZEN OF WHAT COUN
done during most of working life, even if retired)		
Ketired	Maryland	tetersville 4.5.A.
13. FATHER'S NAME	14. MOTHER MAIDEN	
T May		Ha Hlause
15. Was Deceased Ever in U. S. Armed Forces?	16. SOCIAL 17. INFORMANT	ADDRESS
(Yes, no or unknown) (If yes, give wor or dates of service)	SECURITY NO.	
	218-52-1123J V. Danie	latthews, Ir. Jame
18. 28.5.4	CAUSE OF DEATH	APPROXIMATE INTERVA
DISEASE OR CONDITION DIRECTLY		BETWEEN GROET AND DE
LEADING TO DEATH	(A)IMMEDIATE CAUSE Anemia	
(This does not meen the mode of dying, e.g.,	DUE TO OR AS A CONSEQUENCE OF	
hearl failure, asthenia, etc. It means the disease, injury or complication which coused death.)		
ANTECEDENT CAUSES		
	DUE TO, OR AS A CONSEQUENCE OF:	
DISEASES OR CONDITIONS, if ony, giving rise to the obove couse (A) stoting the		
UNDERLYING CONDITION lost.	(c)	
2938 II		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING		
TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	Pneumania.	
194. DATE OF OPERATION 198. CONDITION FOR	WHICH OPERATION 20A. AUTOPSY? (Yes of	No. 208, IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
19A. DATE OF OPERATION 19B. CONDITION FOR WAS PERFORMED	NO	IN CERTIFFING CAUSES OF DEATH?
U 21A. ACCIDENT WAS UNDERLYING 218	B. PLACE OF INJURY (e.g., in or obout 21 C. WHERE DID	(If in Baltimore City, give exact location)
OR CONTRIBUTING CAUSE OF hor etc	me, form, foctory, street, office bldg., INJURY OCCUR?	
<u>U</u>	F. INLIEN A CALLADA	NUMBER OF STREET
U OF INJURY		INJURY OCCUR?
	hile At Not While At Work	
22. I certify that (I) (this haspital) attended to	the deceased from Sent-19	1968 to CC4. 7 1968
		•
that (I) (we) last saw the deceased alive on		that in (my) (our) apinian deoth occurred on the
and haur and fram the causes stated obave.	(11) (We) (did) (did nat) view the body after deot	h.
23A. SIGNATURE		23 B. DATE SIGNED
(Kata A Col	Attending Med. Phys. Director	Staff Phys. 9 Oct. 7 1968
23 C. PHYSICIAN'S	23D. ADDRESS	100.7,1760
NAME (Type)	1- 11-	+1
aprilar H. Collins	DEGREE Merri Ass	pilal
24A. BURIAL CREMATION, 24B. DATE 24C. N	AME of CEMETERY OF CREMATORY	LOCATION (City, town, or county) (State
Burial 16-5-68 H	rbustus Mem. Janker	Baltimore, Rd.
	OF RESTRAR 4 230. FUNERAL DIRECT	
MAT III		1 - 1
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OC. 3 1968 Roles &	E. Farbeuma Morton Z	Dyett F. H 1701 LAUREUS

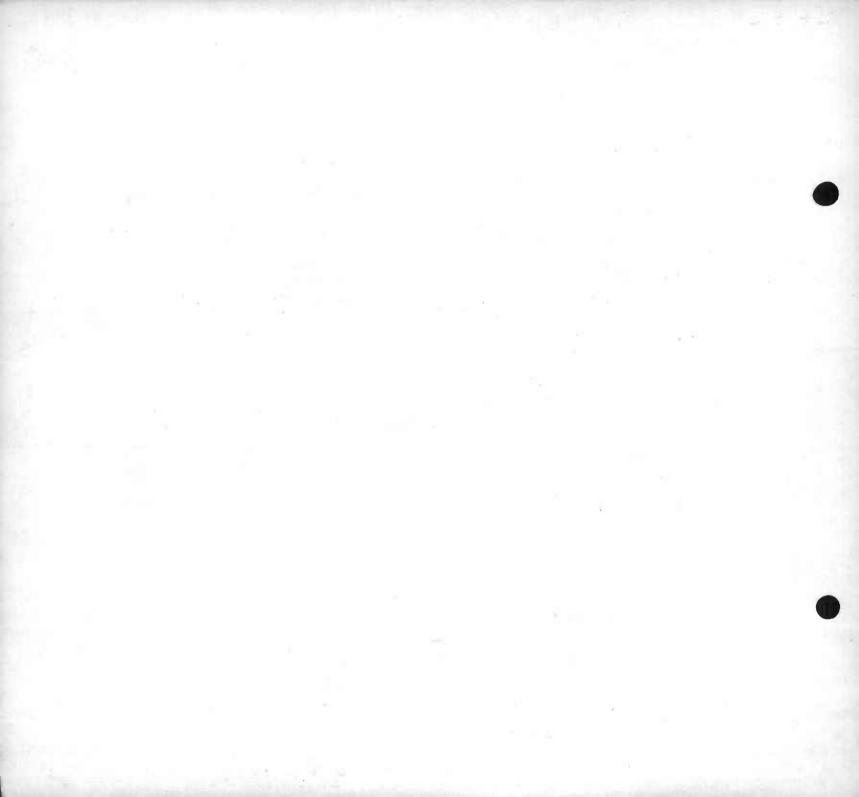
bertel mattett and Barbara Barbara La Santa

	00 4	A BALTIMORE	CITY HEALTH DEPARTM	AENT	00 10001				
	68-1	UUJ4 CEDTIEI	CATE OF DEA	TH REG. NO.	68-10034				
BIRTH NO.		CERTIFI	CATE OF DEA	АТП					
	DECEASED	-		DATE AND HOUR OF DEAT					
Type or Print	MARY	E. MORRIS		SEPT.29,196	8 1.00 A.M				
. PLACE IN	BALTIMORE, MARYLAND, WHERE	PRONOUNCED DEAD	4. USUAL RESIDEN	ICE (Where deceased lived, If 8, COUNTY	finstitution: residence before admission				
			26		2-17				
FULL NAM	E OF (IF NOT IN HOSPITAL OR ADDRESS OR LOCATION)	INSTITUTION, GIVE STREET	MARYL.	AND	VSIDE CITY LIMITS?				
NOTITUTION	1		C. CITT OR TOTAL						
7 MED	CY HOSPITAL 30	1 Cm DATTT	Dr BALTI	MORE	YES NO				
/ IIER	CI MOSPITAL OU	I DI FINUL			~				
			GENEVA .	APTS. 3405	GREENWAY				
· SEX	6. RACE 7. M	ARRIED NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 H Months: Doys Hours Min,				
Enne		OOWED DIVORCED	=		Trioning Days Troots				
FEMA	LE WHITE WID		JSTRY 11. BIRTHPLACE (Sto		12. CITIZEN OF WHAT COUNT				
	nost of working life, even if retired)	THE OF SOUTHERS ON THE							
RET	IRED REGISTERE	n Nurse	RALTI	MORE. MD.					
3. FATHER			14. MOTHER'S MAI	DEN NAME					
	26 26		36	77	-				
EU	GENE M. MORRIS	16.2		ET HESTER M	ALONEY				
5. Wos Dec Yes, no or un	eased Ever in U. S. Armed Forces? known) (If yes, give wor or dates of s	1 6. SOCIAL SECURITY NO.	17. INFORMANT						
			MRS. F.K	. Morris 391	3 JUNIPER RD				
18. //	10:11	CAUSE OF	DEATH		APPROXIMATE INTERVAL				
	12.4				BETWEEN ONSET AND DEA				
	DISEASE OF CONDITION DIRECTL	.Υ	PVI	}					
/71	LEADING TO DEATH (A) IMMEDIATE CAUSE C.V.H.								
	(This does not mean the mode of dying, e.g., DUE TO, OR AS A CONSEQUENCE OF:								
injury o	injury or complication which coused death.) ANTECEDENT CAUSES Arthorizatelerate Caldro wasaular duaca								
	ANTECEDENT CAUSES Artheriosclerosic Caldro Maderiar aidea								
DISEAS	DISEASES OR CONDITIONS, if ony, giving Oue TO, OR AS A CONSEQUENCE OF:								
	rise to the abave cause (A) stating the								
UNDER	RLYING CONDITION last.	(C)		44-0					
4	22.1 11								
OTHER S	SIGNIFICANT CONDITIONS CONTRIB								
E IO THE	DEATH BUT NOT RELATED TO THE TER OR CONDITION GIVEN IN PART 1 (A			240400000000000000000000000000000000000					
U 19A. DA	TE OF OPERATION 19B. CONDITIO	N FOR WHICH OPERATION	20A. AUTOPSY?		RE FINDINGS CONSIDERED				
DI 19A. DA	WAS PERFORM	ED	NO-	IN CERTIFING	CAUSES OF DEATH?				
	CIDENT WAS UNDERLYING	21B, PLACE OF INJURY	(e.g., in or obout 21C. WHER	RE DID (If to Bolti	more City, give exact location)				
_ OR COI	OR CONTRIBUTING CAUSE OF home, form, foctory, street, office bldg., INJURY OCCUR?								
DEATH	(notify medical examiner)	etc.)							
0 21 D. TIA		ur) 21 E. INJURY OCCURRE	D 21F. HOW	DID INJURY OCCUR?					
S OF INJ			Not While						
TATT NO	(APPROX.) Work At Work At Work								
22. I c	22. I certify that (I) (this haspital) attended the deceased from 1 20 10 19 to 9/00 19								
that (1)	(we) last saw the deceased ali	ive an 9/24	16 19	and that in (my) (aur)	apinlan death accurred an the d				
	and hour and from the causes stated above. (1) (We) (did) (did not) view the bady after death.								
		Dave. (1) (me) (ala) (ala	nat) view the bady afte	r death.	23B. DATE SIGNED				
23A. SIC	SNATURE	/-	Auradian - Mad	D 244 D	0/20/18				
	HY GNIMA	1 DEGRE	Attending Med. Phys. Direc		1/04/00				
	YSICIANS	/ /	23D. ADDRESS		7/				
NA	ME (Type) DH (36:1)	adi'	Mar	My HARDIA					
	1711,0011111		DEGREE //E/C	09 1103/01/0					
	L CREMATION, 248. DATE VAL (Specify)	24C. NAME of CEMETERY	or CREMATORY	24D. LOCATION	(City, town, or county) (State				
-		ONEW CATHEL	DRAL CEMETE	RY BALTI	MORE, MD.				
BUR	REC'D BY HEALTH DEPT. C. 258.	NAME OF REGISTRAR	25C. FUNERAL		ADDRESS				
ZJA. DAIE	1968 3	6 6 0 100	ZATONON	THARE & SON	805 N. CALVERT				



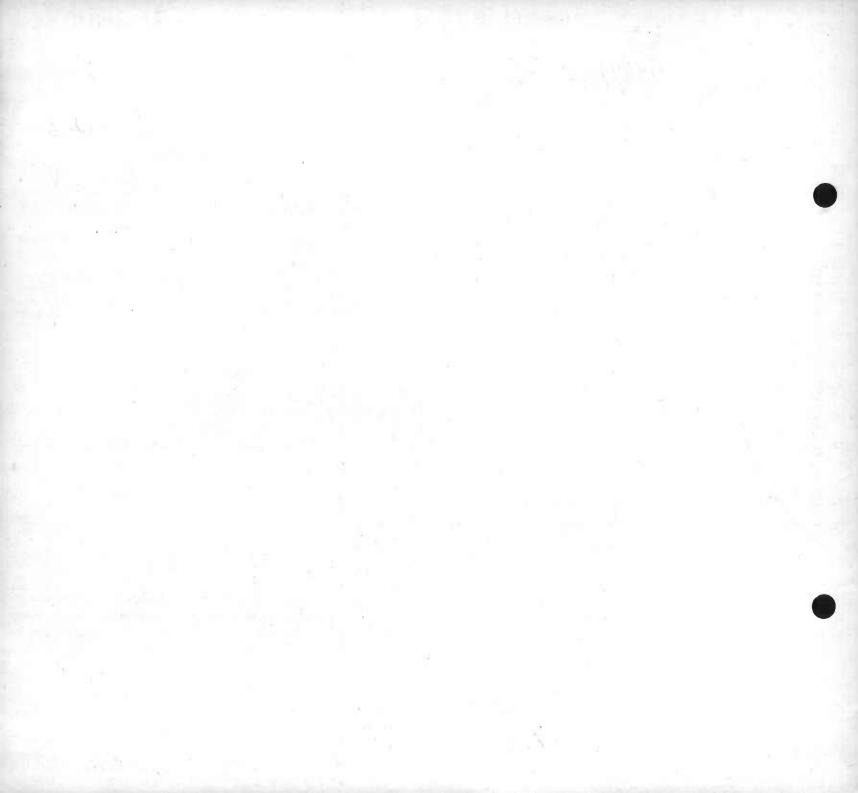






	0.0		ATE OF DEATH REG. NO.	68-10039
BIRT	TH NO. 58-	10039 CERTIFICA	ATE OF DEATH	
	DE OF PRINT		2. DATE AND HOUR OF DEATH	030
	MyRIR	TER	10/2/68	8-1
3. 1	PLACE IN BALTIMORE, MARYLAND, WI	HERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceosed lived, If i	nstitution: residence before odmis
FU!	LL NAME OF (IF NOT IN HOSPITA	L OR INSTITUTION, GIVE STREET	Hd.	1 41
影	THE THE PERSON NAMED IN TH		C. CITY OR TOWN	IDE CITY LIMITS?
9	MILICAIE	AMENDED	BAHITWAK	YES NO NO
	Ministry the March	10-18-68	E. STREET AND NUMBER 4213 R. (AKRON A	15
5. S	SEX 6. RACE .	7	9213 R. (DERON) A	
D. 2	E White	7. MARRIED NEVER MARRIED	tost birthdoy)	If Under 1 Yr. If Under 24 Months Doys Hours M
404	n p -	WID OWED DIVORCED	RY 11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COU
	e during most of working life, even if refired)	IOB, KIND OF BUSINESS OR INDUSTR		USA
	Homemaker		Maryland	UDA
13.	FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
	Thomas Hock		Lighty - Lughter	Bertha Miller
15. Yes	Was Deceased Ever in U. S. Armed Forces, no or unknown) (If yes, give wor or dates	es? 1 6. SOCIAL SECURITY NO.	17. INFORMANT 5533	Midwood ave.
, 1 63	NB	212-14-9564	Mrs. Carrie L. Cavah Baj	to. Md. 21212
-	18.400.31	CAUSE OF DEA		APPROXIMATE INTER
CERTIFICATION	TISE TO THE OBOVE COUSE (A) UNDERLYING CONDITION TOST. OTHER SIGNIFICANT CONDITIONS CONTO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION GIVEN IN PART 1994. DATE OF OPERATION 1995. CONTO	NTRIBUTING (C) CO	ARK DRAY DRAY TON AS A CONSEQUENCE/OF: LOWIC BRANGE DESIGNATION 20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE IN CERTIFYING C.	FINDINGS CONSIDERED AUSES OF DEATH?
ERT	O		NIC)	
	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examinet)	218. PLACE OF INJURY (e.g home, form, foctory, street, etc.)	office bldg., INJURY OCCUR? (If in Boltime	ore City, give exoct locotion)
MEDI	21 D. TIME (Month) (Doy) (Year) OF INJURY		21F. HOW DID INJURY OCCUR?	
>	(APPROX.)	While At Not W	hite ntk	/
	22. I certify that (this haspital	attended the deceased from	9/30/ 1967 10	10/2 196
	that (I) (we) lost sow the decease	d alive on	42/ 1968 and that in (my) (op	inion death occurred on the
	ond have and from the causes stot			
	23A, SIGNATURE			23B, DATE SIGNED
		4 011 A	Attending Med. Staff	. / /
	12311 - 2.1	D D	hvs. Director Phys. D	10/2/12
	Wille B. D.		hys. Director Phys. 23D. ADDRESS	142/68
	23C. PHYSICIAN'S NAME (Type)	D D	23D. ADDRESS	ospital
24/	NAME (Type) A. BURIAL CREMATION, 1248, DATE	D D	23D. ADDRESS University H	
24#	NAME (Type) A. BURIAL CREMATION, REMOVAL (Specify)	DEGREE P	23D. ADDRESS University Hornical Crematory 24D. LOCATION (C)	City, town, or county) (S
	NAME (Type) A. BURIAL CREMATION, REMOVAL (Specify) Burial 10/5/6	24C, NAME of CEMETERY of C	23D. ADDRESS University Hornical Crematory 24D. LOCATION (C)	City, town, or county) (S
	NAME (Type) A. BURIAL CREMATION, REMOVAL (Specify)	DEGREE P	23D. ADDRESS University Horizontal CREMATORY 24D. LOCATION (C	City, town, or county) (St
254	NAME (Type) A. BURIAL CREMATION, REMOVAL (Specify) Burial 10/5/6	24C, NAME of CEMETERY of C	23D. ADDRESS University Horning CREMATORY Cemetery Balti	City, town, or county) (S

41 /	0 10040	BALTIMORE CIT	Y HEALTH DEPARTMENT	153	- 0.40
BIRTH NO. 4-600 6	9-10040	CERTIFICA	TE OF DEATH	REG. NO.	8-10040
Type or Print	URRAY) Claven	2	HOUR OF DEATH	840 A
3. PLACE IN BALTIMORE MARYLAN	ID, WHERE PRONOUN	CED DEAD	4. USUAL RESIDENCE (Where d		itution; residence before admission
HOSPITAL OR ADDRESS OR		TION, GIVE STREET		Baltimore D. INSID	City ECYLIMITS?
90 Jagetti Communica	ent franc		Balto E. STREET AND NUMBER		
			1239 E. Monume	ent Stree	t
SEX 6. RACE	7- MARRIED	NEVER MARRIED	8. DATE OF BIRTH 9.	AGE (In years birthday)	If Under 1 Yr. If Under 24 H Months Doys Hours Min.
Male Col.	WID OWED ¥			33	
OA, USUAL OCCUPATION (Give kind done during most of working life, even if re		BUSINESS OR INDUSTR		country)	12. CITIZEN OF WHAT COUNT
Barber			Maryland		U S
3. FATHER'S NAME			14. MOTHER'S MAIDEN NAME		
Rickett Murray			Melvania Bro	ooks	
S. Wos Deceosed Ever in U. S. Arm Yes, no or unknown) (If yes, give word	ed Forces? or dates of service)	6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
			Thomas Murray	2707	E. Preston
18. 44 / 9 9 1		CAUSE OF DEA		2101	APPROXIMATE INTERVA
DISEASE OR CONDITION LEADING TO DE			0 11		BETWEEN ONSET AND DE
		(A) IMMEDIATE CA	USE CHT		20
(This does not mean the man heart failure, asthenia, etc. It r	neans the disease,	DUE TO, OR AS	A CONSEQUENCE OF:		
injury ar camplication which c	aused death.)		11		
ANTECEDENT CA	USES	(B)	Hero		sunal years
DISEASES OR CONDITIONS		DUE TO, OR A	S A CONSEQUENCE OF:		
rise to the above cause		(c)			
1 1 - 11		(C)			
OTHER SIGNIFICANT CONDITION		20. 0/0	aroch), Ehrouic Bran	10	
TO THE DEATH BUT NOT RELATED DISEASE OR CONDITION GIVEN	TO THE TERMINAL	EMMO (IM	mover) , enrouse 19 ran	" synchome	
19A. DATE OF OPERATION 19B		HICH OPERATION	20 A. AUTOPSY? (Yes or No) 2	OB. IF YES, WERE FILE	NDINGS CONSIDERED SES OF DEATH?
21A. ACCIDENT WAS UNDERLY	ING 121 R. P	PLACE OF INITIRY (e.g.	in or about 21C. WHERE DID	(If in Boltimere	City, give exact facation)
OR CONTRIBUTING CAUSE O	F home,	, form, foctory, street,	office bldg., INJURY OCCUR?	(11 11 201111101	only, give exect tocollon,
21D. TIME (Month) (Doy)	(Year) (Hour) 21E. I	INJURY OCCURRED	21F. HOW DID INJURY	OCCUR?	
OF INJURY	White		ile 🗍		
	Work			1 2	A C
22. I certify that (I) (this ho	spitol) ottended the		11 Sep 196		2 142 1965
that (I) (we) lost sow the de	ceosed olive on	303	ep 19 65 and that	in(my) (our) opini	ion déoth occurred on the c
ond hour ond from the couse	s stoted above. (1)	(We) (did) (did not)	view the body ofter death.		
23A. SIGNATURE	1/ 00.	e. 17			238. DATE SIGNED
//	ulla	MIL AH	ys. Med. Sta		305ep68
23 C. PHYSICIAN'S NAME (Type)	1. HUILE	A M.D.	23D. ADDRESS 2214 E Fayette	St Brit	Md 21231
24A. BURIAL CREMATION, 24B. DA	TE 24C. NAM	DEGRE ME of CEMETERY of C			, town, or county) (State
REMOVAL (Specify) 10	1111		11		
100117	19/10	RALTO	NOI CEN.	10//-	-511/K hu
25A. DATE REC'D BY HEALTH DEPT	ZSB. NAME OF	BALTO.	No 1. CEGS	301/	-ELIK AV
DOT -	PIZSB. WARTE OF	BA/TO.	2 250 FUNERAL DIRECTOR	8-20	
OCT 3 1968 Pol	12SB. WARTE OF	BALTO.	2 250 FUNERAL DIRECTOR	6,8	



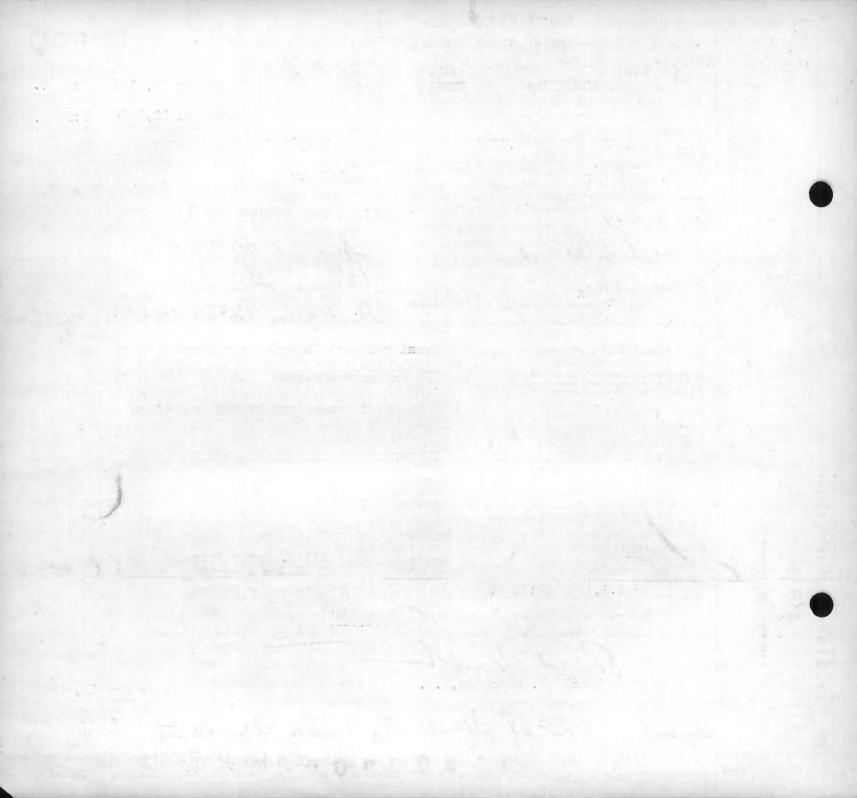


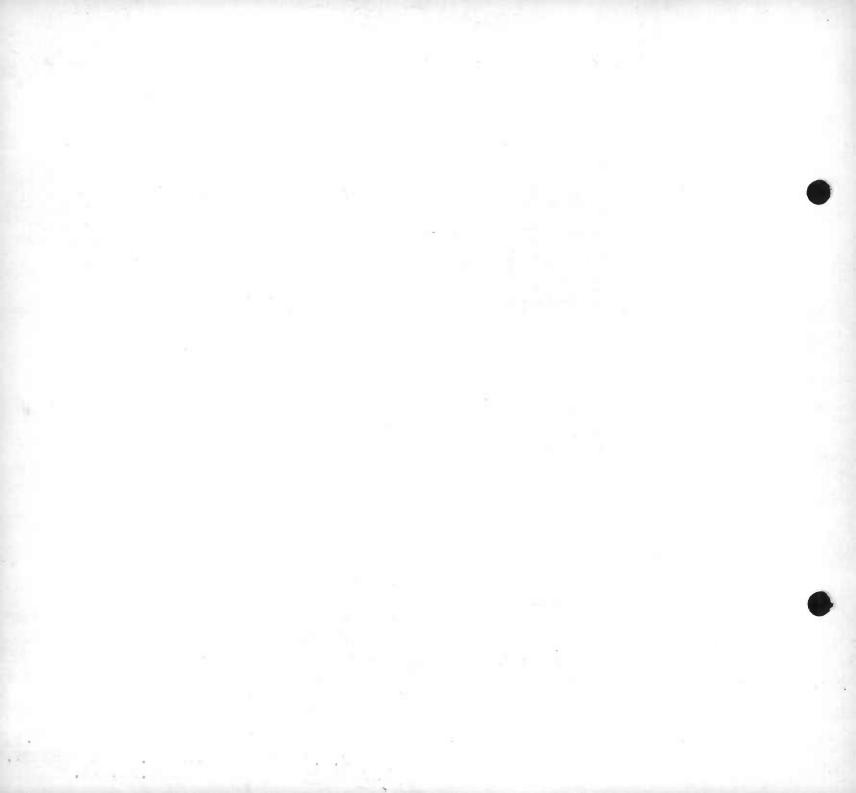
A Comment of the Comm The graph day former AUD Jud Alles ZERST. Acims LOHNS MOTERNA HISTORY

BIRTH NO

8-10043baltimore city he. EDICAL EXAMINER'S C	CERTIFICATE OF DEATH REG. NO. 68-10043
KITTRELL AKA PERRY	2. DATE Known Manth Day Year Hour OF Estimoted September 12, 1968 7:50 P.M.
ID, WHERE PRONOUNCED DEAD SPITAL OR INSTITUTION, GIVE STREET OCATION)	PRONOUNCED DEAD September 12,1968 7:50 P.M.
ARE HOSPITAL	5. USUAL RESIDENCE (Where deceosed lived. If institution: residence before odmission) A. STATE Maryland B. COUNTY
B. MARRIED NEVER MARRIED	C. CITY OR TOWN Baltimore D. INSIDE CITY LIMITS?

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart follows, oath man, set I means the disease, lead follows, oath man, set I means the disease, heart follows, oath man, set I means the disease, lead to follows, oath man, set I means the disease, heart follows, oath man, set I man, set I mean, set I mean the set I mean the man, set I mea		IAME OF DECEASED		KTTT REL	LAKA	PERRY	2. DATE	Known	Month	Day	Year	Hour	
4. PLACE LIN BAILHORE MARYLAND, WHERE PRONOUNCED DEAD HOSPITAL HOUSE PRONOUNCED DEAD HOSPITAL FRANKLIN SQUARE HOSPITAL FRANKLIN SQUARE HOSPITAL S. EXE Female 10. ADE (in year) FRANKLIN SQUARE HOSPITAL 10. ADE (in year) FRANKLIN SQUARE HOSP	(Typ	e or Print) JO	SEPHINE	4	THE R	(0)		Estimoted	Septem	mber 12,	1968	7:50	P. M.
S. USUAI RESIDENCE (Where deceased lived. Il institution: residence before admission) 8. SUSUAI RESIDENCE (Where deceased lived. Il institution: residence before admission) 8. SUSUAI RESIDENCE (Where deceased lived. Il institution: residence before admission) 8. SUSUAI RESIDENCE (Where deceased lived. Il institution: residence before admission) 8. COUNTY 8. STREET AND NUMBER 9. DATE OF BIRTH 10. AGE (In years lived.) 18. SUBJECT VI. II Under 22 Hr. 10. BIRTHPLACE (Slote, or foreign_country) 10. STREET AND NUMBER 3. SUSUAI RESIDENCE (Where deceased lived. Il institution: residence before admission) 8. COUNTY OR TOWN 8. STREET AND NUMBER 3.	4. 8	LACE IN BALTIMORE, M	ARYLAND, W	HERE PRONC	UNCED	DEAD	3. DATE		Month	Doy	Yeor	Hour	
FRANKLIN SQUARE HOSPITAL A STATE Maryland B. COUNTY	HOS	PITAL ADDR			ON, GIVE	STREET							M.
Pemale Negro North Market D Divorce D Divorce D Divorce Divo	3		SQUARE	HOSPITA	AL						residence t	pefore odmis	ision)
9. DATE OF BIRTH 0.AGE (in veers worth worth) 18 0.AGE (in veers worth) 19 0.AG	6. S	emale 7. RACE Neg	ro							15	and the same	NOD	
1. BIRTHPLACE (Stole, or foreign, country) 12. CHIZEN OF WHAT COUNTRY? 13. FATHER'S NAME 14. CHIZEN OF WHAT COUNTRY? 14. CHIZEN OF WHAT COUNTRY? 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. SOCIAL 18. INFORMANI 16. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. SOCIAL 18. INFORMANI 18. INFORMA	9.0	ATE OF BIRTH	10. AGE (In	yeors If Ur	der 1 Yr. I		E. STREE	Park Heigh	hts Ave	nue			
10 AND DECEASED EVER IN U.S. ARMED FORCES? 17. SOCIAL SECURITY NO. 18. INFORMANT ADDRESS APPROXIMATE/INTERVAL APPROXIMATE	11.	BIRTHPLACE (State or fore	ign country)						2/1/8	500/			
SECURITY NO. SECU	14A done	USUAL OCCUPATION (G	ve kind of work ven if retired)	148. KIND OF	BUSINESS	OR INDUSTR	Y 13. MOTI	HER'S MAIDEN NA	ME	uc			
SECURITY NO. SECU	1	truspotale	E ADMIN	FORCECO	17 506	141	119 INFO	inc &	rees	V AT	DBESS		
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dyling, e.g., heart follow, e.g. the means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) DIFFER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A). (C) 222. EXTERNAL CAUSE WAS UNDERLYING TO OPERATION WAS PERFORMED 222. A LOTOPSY? (Ves or No) Yes UNDERLYING TO OPERATION OF THE ABOVE OF INJURY (e.g., In or about 1) STATE OF OPERATION OF INJURY OCCURRED OCCURRED OF INJURY OCCURRED OF INJURY OCCURRED OC	(Yes	no or unknown) (If yes, give	wor or doles	of service)	SEC	URITY NO.	This	Thurmin	Carte	1 2504	Land	I Alexa	150
Content of the cont		19. 7 9 (8)	1		С	AUSE OF DEA	TH .	Jana	Corre	0 3401			
(This does not mean the mode of dyling, e.g., heart foliure, ostherilo, etc. il means the disease, injury or complication which coused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE AUTOPSY? (Vestor No.) IS OTHER SIGNIFICANT CONDITION LAST. (C)		DISEASE OR CON	DITION DIREC	CTLY		Cranioc	erebra	1 Injuries	comp1	icated b	у		
Note													
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C)	,	heart failure, asthenia, e	tc. It meons the	diseose,	-	RWXXXX	RICOCKI	POMBNYCKROXX					
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION RELATED TO THE TERMINAL DISEASE OR CONDITION BY IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WAS PERFORMED 21. AUTOPSY? (Yes or No) yes 22A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB- WORK TO THE DEATH OR CONTRIB- UNDERLYING OR CONT		ANTECEDEN	TCAUSES			uncon	scious	ness and b	roncho	pneumoni	a		
UNDERLYING CONDITION LAST. (C) OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WAS PERFORMED 21. AUTOPSY? (Yes or No) Yes 22A. EXTERNAL CAUSE WAS UNDERLYING GOR CONTRIB. UTING CAUSE OF DEATH. HOUSE 111 N. Carey Street 111 N. Carey Street 22D. TIME (Month) (Doy) (Yeor) (Hour) (22E.INJURY OCCURRED OF INJURY (APPROX.) Sept. 1, 1968 10:19 Rm WORK AT WORK 23. I certify that I held on Inquiry Inspection Autopsy X and that on this basis, death in my opinion resulted from: Natural causes Accident Suicide Hamicide Xx Undetermined monner Chief Medical Examiner ACTUAL SIGNATURE ACCIDENT ACTUAL SIGNATURE ROAD AND ASSOCIATE MEDICAL EXAMINER EXAMINER'S ROAD 10 N. KOrnb 1 um, M.D. ASSOCIATE MEDICAL EXAMINER SOPTOMBOR 13. 1968		DISEASES OR CONDI	IONS, IF ANY	, GIVING		DUE TO, OR	AS A CON	SEQUENCE OF:					
22A. EXTERNAL CAUSE WAS UNDERLYING GOR CONTRIB. UTING CAUSE OF DEATH. 22B. PLACE OF INJURY (e.g., in or about home, form, foctory, street, office bldg., etc.) HOUSE UTING CAUSE OF DEATH. 22C. TIME (Month) (Doy) (Yeor) (Hour) 22E.INJURY OCCURRED OF INJURY (APPROX.) Sept. 1, 1968 10:19 Pm WORK NOT WHILE AT WORK 23. I certify that I held on Inquiry Inspection Autopsy X and that on this basis, death in my opinion resulted from: Natural causes Accident Suicide Hamicide X Undetermined monner CHIEF MEDICAL EXAMINER CHIEF MEDICAL EXAMINER DATE SIGNED ASSOCIATE MEDICAL EXAMINER EXAMINER'S Ronald N. Kornblum, M.D. ASSOCIATE MEDICAL EXAMINER September 13 1968	2			IIIO INE	((C)							
22A. EXTERNAL CAUSE WAS UNDERLYING GOR CONTRIB. UTING CAUSE OF DEATH. 22B. PLACE OF INJURY (e.g., in or about home, form, foctory, street, office bldg., etc.) HOUSE UTING CAUSE OF DEATH. 22C. TIME (Month) (Doy) (Yeor) (Hour) 22E.INJURY OCCURRED OF INJURY (APPROX.) Sept. 1, 1968 10:19 Pm WORK NOT WHILE AT WORK 23. I certify that I held on Inquiry Inspection Autopsy X and that on this basis, death in my opinion resulted from: Natural causes Accident Suicide Hamicide X Undetermined monner CHIEF MEDICAL EXAMINER CHIEF MEDICAL EXAMINER DATE SIGNED ASSOCIATE MEDICAL EXAMINER EXAMINER'S Ronald N. Kornblum, M.D. ASSOCIATE MEDICAL EXAMINER September 13 1968		E983X	II										
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UNDERLYING OR CONTRIBUTING CAUSE OF DEATH. HOUSE 22D. TIME (Month) (Doy) (Yeor) (Hour) (APPROX.) Sept.1, 1968 10:19 Pm WORK 111 N. Carey Street 22F. HOW DID INJURY OCCUR? Beaten by husband 23. I certify that I held on Inquiry Inspection Autopsy X and that on this basis, death in my opinion resulted from: Natural causes Accident Suicide Hamicide XX Undetermined monner CHIEF MEDICAL EXAMINER ACTUAL SIGNATURE SIGNED ACTUAL SIGNATURE RAMINER ACSIGNED ACTUAL SIGNATURE RAMINER SONTAIL EXAMINER SONTAIL EXAMI		22A. EXTERNAL CALLS	F WAS	1228.1	PLACE O	F INTURY(e.g.	in or abou	22C. WHERE DID	(If in Boltimo	re City, give exc	ct locotion)		
22D. TIME (Month) (Doy) (Yeor) (Hour) 22E.INJURY OCCURED OF INJURY OCCUR? OF INJURY (APPROX.) Sept.1,1968 10:19 Br. WORK Beaten by husband 23. I certify that I held on Inquiry Inspection Autopsy X and that on this basis, death in my opinion resulted from: Notural causes Accident Suicide Hamicide X Undetermined monner CHIEF MEDICAL EXAMINER ACTUAL SIGNATURE SIGNED ASSISTANT MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER SONTAMENT 13. 1968	음	UNDERLYING TO CO	NTRIB-	home	, form, for	ctory, street, offi	ce bidg., etc.	INJURY OCCUR?					
I certify that I held on Inquiry Inspection Autopsy XX and that on this basis, death in my opinion resulted from: Notural causes Accident Suicide Hamicide XX Undetermined monner CHIEF MEDICAL EXAMINER DATE SIGNED ASSISTANT MEDICAL EXAMINER XXX EXAMINER'S Ronald N. Kornblum, M.D. ASSOCIATE MEDICAL EXAMINER September 13, 1968	Z	22D. TIME (Month)) (Hour) 2		Y DCCHERED		22F. HOW DID IN					
I certify that I held on Inquiry Inspection Autopsy XX and that on this basis, death in my opinion resulted from: Notural causes Accident Suicide Hamicide XX Undetermined monner CHIEF MEDICAL EXAMINER DATE SIGNED ASSISTANT MEDICAL EXAMINER XXX EXAMINER'S Ronald N. Kornblum, M.D. ASSOCIATE MEDICAL EXAMINER September 13, 1968			1968 10	19 B	VHILE AT [NO AT	WHILE X	Beaten b	v husb	and			
ACTUAL SIGNATURE SUCCIDENT M.D. ASSOCIATE MEDICAL EXAMINER DATE SIGNED ACTUAL SIGNATURE SIGNATURE SAMINER SAM		23.											
ACTUAL SIGNATURE EXAMINER'S RONALD CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER XXX ASSOCIATE MEDICAL EXAMINER XXX ASSOCIATE MEDICAL EXAMINER SOPTEMBOR 13 1968											7		
ACTUAL SIGNATURE World Work M.D. ASSISTANT MEDICAL EXAMINER XXX EXAMINER'S Ronald N. Kornblum, M.D. ASSOCIATE MEDICAL EXAMINER September 13, 1968		resulted from:	Notural cau	ses A	ccident	Suici	de 🗀 👤			ned monner [_		
EXAMINER'S Ronald N. Kornblum, M.D. ASSOCIATE MEDICAL EXAMINER Contember 13 1968		11/	wed	21/6	ent-	h	A.			xxx		DATE SIG	NED
NAME (Type)		SIOI4MIONE-						SOCIATE MEDICAL	EXAMINER				
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY or CREMATORY 24D. LOCATION (City, town, or county) (Stote)		EXAMINER'S R	onald N	. Kornb	Tull, P	I.D.				Sept	ember	13, 1	968
REMOVAL (Specify) 9-20-68 Transfinter Civiley Franklista n. Carolina		NAME (Type) A. BURIAL CREMATION,					X	ATORY 24D	LOCATION	Sept			
Children in the control of the contr		NAME (Type) A. BURIAL CREMATION,		-68 =	Ttai	of CEMETERY WELLEN	X	NTORY 240	LOCATION	Sept (City, town	n, or county	Gra	fila
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25T. FUNERAL DIRECTOR ADDRESS LALLY NORTH QUE	RE	NAME (Type) A. BURIAL CREMATION, MOVAL (Specify) OUTERLY	9-20-	-68 =	Ttai	of CEMETERY WELLEN	X	nutery &	trank	Sept (City, town	n, or county	Gra	fila

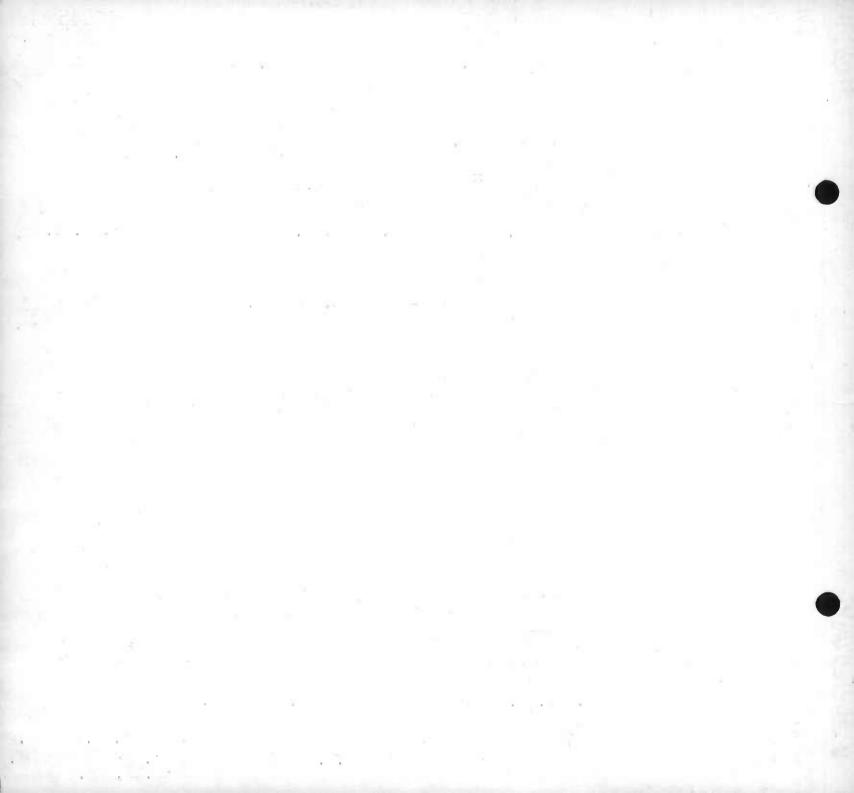


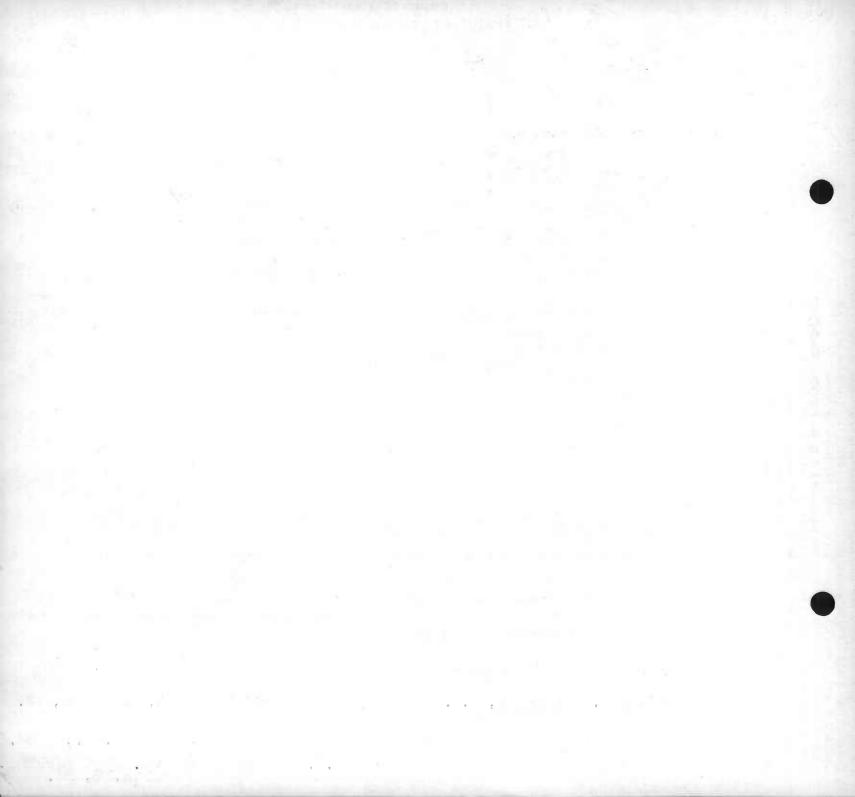


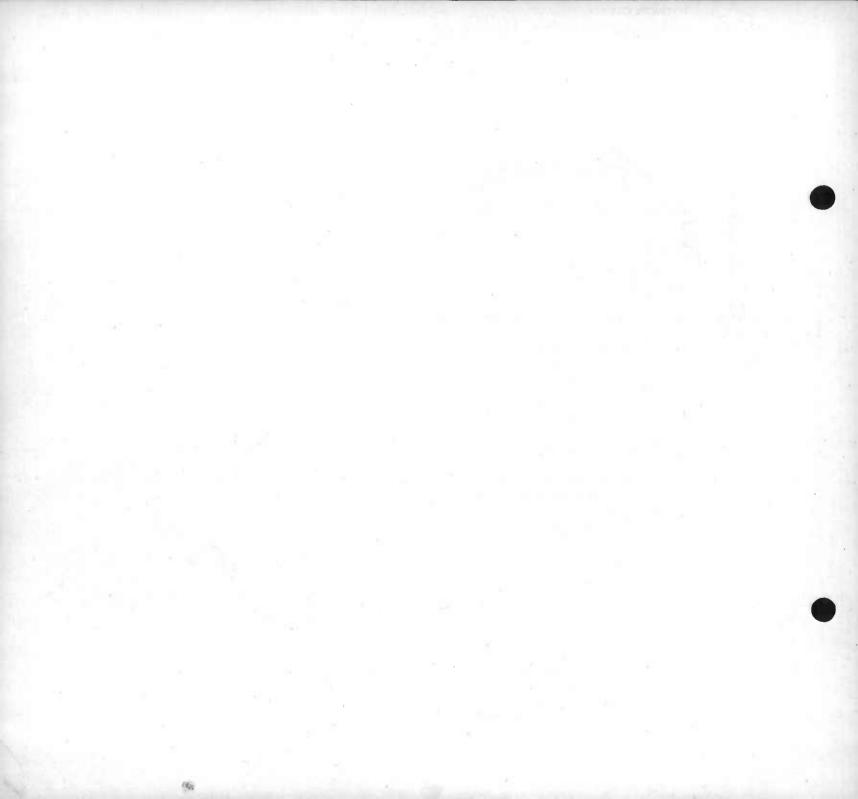
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a hospital and

		HEALTH DEPARTMENT		00 01-
68-1004	15 CERTIFICAT	E OF DEATH	REG. NO	68-10045
BIRTH NO.			D HOUR OF DEATH	
(Type or Print)	H. May	Oct.	3, 1968	12A M
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOL		4. USUAL RESIDENCE (When A. STATE 8. COUN	e deceosed lived. If in	stitution: residence before admission)
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION) INSTITUTION		C. CITY OR TOWN	D. INSI	DE CIT LIMITS
00 4303 Walther Bl	vd.	Baltimore E. STREET AND NUMBER 4303 Walth	er Blvd.	YPS X
5. SEX 6. RACE 7. MARRIED	NEVER MARRIED 8	. DATE OF BIRTH	ost birthdoy	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
M WIDOWED		9/25/1893	75	Willing Doys Hours Willi.
10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF done during most of working life, even if retired)	BUSINESS OR INDUSTRY 1	1. 8IRTHPLACE (State or forei	gn country)	12. CITIZEN OF WHAT COUNTRY?
	sualty Co.	N.Y.		U.S.A.
13. FATHER'S NAME		4. MOTHER'S MAIDEN NAA	A E	
Peter May			Euler	
15. Was Deceosed Ever in U. S. Armed Forces? (Yes, no or unknown) (Iff yes, give wor or dotes of service)	1 6. SOCIAL SECURITY NO.	7. INFORMANT		ADDRESS
Yes WWI	212-10-3676	Mrs.Helen E.	May	(Same)
18. 77 / 3	CAUSE OF DEATH			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH		Escheme		1
(This daes not mean the made of dying, e.g.,	(A) IMMEDIATE CAUS	CONSEQUENCE OF:	delle	777
heart failure, asthenia, etc. II means the disease, injury ar camplication which caused death.)	DUL 10, OK AS A			
ANTECEDENT CAUSES	C 2-2-2	in agles	cerochero	4 typo
DISEASES OR CONDITIONS, if any, giving	(8) DUE TO, OR AS A	CONSEQUENCE OF:		
rise to the above cause (A) stating the UNDERLYING CONDITION last.	(c)			
1.0	()/			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	.00000000000000000000000000000000000000		************************	
19A. DATE OF OPERATION 198. CONDITION FOR V	VHICH OPERATION	20 A. AUTOPSY? (Yes or No	208. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?
U 21A. ACCIDENT WAS UNDERLYING 21B.	PLACE OF INJURY (e.g., in	or about 21 C. WHERE DID	(If in Soltimor	e City, give exact lacation)
OR CONTRIBUTING CAUSE OF hom etc.)	e, form, foctory, street, offi	ce bldg., INJURY OCCUR?	(1. 11. 001111101	o only, give oxact idealign,
□ OF INJURY	INJURY OCCURRED	21F. HOW DID INJ	JRY OCCUR?	
(A PPROX.)	le At Not While k At Work	\Box		
22. I certify that (1) (this hospital) attended th	ne deceased fram	128 1	964 to 10	/3/68 19
that (I) (we) last saw the deceosed olive an.	10/1	1968 and the	ot in (my) (our) opi	nian deoth occurred on the dote
and hour and from the couses stated above. (1) (We) (did) (did not) vi	ew the body after deoth.		
23A SIGNATURE	411	PS - WS -		23 B. DATE SIGNED
William In	DEGREE Phys.		Shaff Phys.	10/3/68
23C. PHYSICIAN'S NAME (Type)	23	BD. ADDRESS		
Dr. Wm. F. Re	DEGKEE	3222 St. Pau		
24A. BURIAL CREMATION, REMOVAL (Specify) 248. DATE 24C.NA	ME of CEMETERY OF CREA	MATORY 24D. LO	OCATION (C	ity, town, or county) (Stote)
	Parkwood	Par	kville, B	alto.Co., Md.
	F REGISTRAR	H.W. Jenkins	& Sons C	o. 4905 York Rd
VS 150-REV. 1/1/68			Balt	0.12, Md.







68-10048

Balto.Md. 21212

		WEL	CAL E	XAMINER'S	CERTIFI	CATEC	OF DE	ATH RE	G. NO			7 40 6
BIRTH NO.	FACED				II. DATE						D.	
(Type or Print)		D.	DEDITOR		2. DATE OF	Knawn 🗌	-) oy	Year	Hour	
4 DEACE IN PAIN	DANIEL		DEBUTTS		DEATH 3. DATE	Estimoted		ptember				A . M.
4. PLACE IN BALT				ION, GIVE STREET	1	UNCED DEAD	Mo		Doy	Yeor	Hour	
HOSPITAL	ADDRE	SS OR LOCA	TION)	ION, GIVE STREET				ptember			9:30	A. M
OR INSTITUTION	ITON ME	MODTAT	TIOCDITA	7 A T	5. USUAL R	ESIDENCE (W			UNTY	residence	before odm	ssion)
74 01		MOKTAI	HOSPIT			Marylar	ICI					
6. SEX	7. RACE		8. MARRIED	NEVER MARRIED	C. CITY OR			DIL	ISIDE CIT	Y LIMITS?		1
Male	Whi	te	WIDOWED	DIVORCED .	Balt	imore			YE	X	NO	mark!
9. DATE OF BIRTH	1	10. AGE (I	n yeors If L	Inder 1 Yr. If Under 24 Hrs. oths Doys Hours Min.		AND NUMBER			1			
March 14	.1906	lost birthdo	762	f	One (1) Elmhu	irst A	Avenue			/	
11. BIRTHPLACE (S	tate or foreig	in country)		CITIZEN OF	13. FATHER	'S NAME						
Virg:	inia			WHAT COUNTRY?	Dula	ney For	rest	deButt	S			
14A.USUAL OCCUI	PATION (Give	e kind of work		BUSINESS OR INDUSTR								
done during most of w					Emma	Ashby						
railway			FORCES?	17. SOCIAL	18. INFOR				ΔD	DRESS		
(Yes, no or unknown)	(ff yes, give v	vor or dotes	of service)	SECURITY NO.		osephin	o Daw	a da Du			wet I	2.3
no				212-09-8473		oseburu	e Daili	ie debu	UUS 1		PPROXIMATE I	
E 955	X			CAUSE OF DEA							VEEN ONSET	
DISEASE	E OR COND	ITION DIRE	CTLY	Gu n shot	wound	of head						
1	LEADING TO			(A)IMMEDIATE								
heort foilure,	ot meon the , osthenio, etc	. It meons the	diseose,	DUE TO, OR	AS A CONSEG	UENCE OF:						
Injury or com	aplication which	ch coused de	oth.)									
AN	NTECEDENT	CAUSES		(R)								
DISEASES	OR CONDITIO	ONS, IF AN	Y, GIVING	DUE TO, OR	AS A CONSE	QUENCE OF:	**********					
IINDERLYIN	ABOVE CA		IING IHE	(=)								
ő	14			(C)					***************************************			
OTHER SIGN	-1	II IDITIONS C	ONTRIBUTING	3								
O THE DEA		RELATED TO	THE TERMINA									
				WHICH OPERATION W	AS PERFORA	AFD				21 ALITO	OPSY? (Yes	or No)
87	0		10111011101	William Of Example 11	NO I EKI OKI							,
14	NAL CALIER	MAC	laan	DI ACE OF INITIDY	7 1- d	OC WHERE D	ID 44 - 0) let Cit			es	
O HNDERIVING	NAL CAUSE 図OR CON		hom	PLACE OF INJURY (e.g., e, form, foctory, street, office	e bldg., etc.) I	NJURY OCCU	R?			r locotion)		
UTING CA	USE OF DEA			Yard		Rear of			Ave.	. == ,		
∑ 22D. TIME (OF INJURY		oy) (Yeo		22E.INJURY OCCURRED		22F. HOW DID						
(APPROX.) Se	ept.30,	1968 7	:30 Am.	WHILE AT NOT	WHILE VORK	Self-ir	aflic	ted gur	ishot	wound	d	
23.												
I certi	ify that I h	eld on l	nquiry	Inspection Au	tap sy 🛣	and that o	n this b	osis, death	n in my o	pinion		
result	red from: N	aturol cau	ises A	Accident Suici	de K H	omicide 🔲	Unde	etermined m	anner]		
	/	7	1111	/ . 1		CHIEF MEDIC	AL EXAM	INER			DATE CIC	ALED
ACTUAL	IDE	lundo	1 4/6	and we	ASS	STANT MEDIC	AL EXAM	INER			DATE SIG	INED
SIGNATU		nald N	I. Kornh	lum, M.D.	ASSO	CIATE MEDIC	ΔΙ ΕΧΔΜ	INER	Sent	embe.	r 30,1	968
NAME (T		100 100 1	. TOTAL		7550				Depe	- de antir Co		
24A. BURIAL CREA		4B. DATE	2	4C. NAME of CEMETERY	or CREMATO	ORY 2	4D. LOCA	ATION (City, town,	or county) (St	ote)
REMOVAL (Specific burial	(Y)	10/2/	68	Ivy Hill			IInr	ervill	0		Virgi	nia
25A. DATE REC'D	RV HEAITH			E OF REGISTRAR	1250	FUNERAL DIR		ATTT		DRESS	ATTRI	TIG
ZSA. DATE REC D	OCT	196	0 0	4 6 7 8								
	, (100	1 Mario	TE STANDEN	MT+	chell+W	iedef	eld Ho	me 65	00 Yc	ork Ro	ad
VS 151-REV. 1/1/68	N	251	V	V N					Pal+a	MA	21212	

A Section for the property of the section of the se

IDTU NO	68	3-100	CERTIFICA	TE OF DEATH	REG. NO	68-10049
IRTH NO. NAME OF DEC Type or Print)		CHAR	LES FRANCIS		OBER 1. 19	968 3: 00P _M
	TIMORE MARYLAND, V	HERE PRON	OUNCED DEAD		ere deceased lived. If	institution: residence before admission)
FULL NAME OF HOSPITAL OR NSTITUTION	ADDRESS OR LOC	ATION)	ITUTION, GIVE STREET		onsville IN	ISIDE CITY LIMITS? YES NO
40	ST. AGNE	S HOS	PITAL	E. STREET AND NUMBER 426 OVERBRO	00K RD . 21	
SEX	6. RACE WHITE	7. MARRIE	D NEVER MARRIED DIVORCED	B. DATE OF BIRTH 05/27/02	9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
one during most of	ED POST		OF BUSINESS OR INDUSTRY GOVERNMENT	11. BIRTHPLACE (Stole or for	eign country)	U.S.A.
3. FATHER'S NA	ME OFFICE			14. MOTHER'S MAIDEN NA	AME	
	encis J. M	C KEN	NA 1 6. SOCIAL	CATHERINE S	SULLIVAN N	MCKENNA ADDRESS
NONE	(If yes, give wor or dot	rces: es of service	219-05-042		HOSPITAL F	
rise to the UNDERLYIN 153. OTHER SIGNITO THE DEA	ANTECEDENT CAUSE: OR CONDITIONS, if le abave cause (A) G CONDITION last. 3 II FICANT CONDITIONS CO THE BUT NOT RELATED TO TO NODITION GIVEN IN PA	any, givir stating the	(C)	A CONSEQUENCE OF:		
	F OPERATION 198. CON		R WHICH OPERATION	20A. AUTOPSY? (Yes or N		E FINDINGS CONSIDERED CAUSES OF DEATH?
OR CONTRIB	INT WAS UNDERLYING [UTING CAUSE OF y medicol exominer)	_ h	1B. PLACE OF INJURY (e.g., ome, form, foctory, street, o	in or obout 21C. WHERE DID ffice bldg., INJURY OCCUR?	(If in Baltim	rare City, give exact location)
21 D. TIME OF INJURY (APPROX.)	(Month) (Doy) (Yeoi)	\	TE. INJURY OCCURRED While At Not Whi Nork At Work		JURY OCCUR?	
that MM we		ed alive or	OCTOBER 1	OCTOBER 1 19 68 and 1 view the bady ofter death	hat in ()()) (our) a	OBER 1 1968 pinion death accurred on the dat
23A. SIGNAT		2				23B, DATE SIGNED
m	axunta n	13)	GEGREE Phy		Staff Phys.	10-1-68
23C. PHYSICI,	Typel	Z. M.).	23D. ADDRESS CATON & WILKE	NS AVES	BALTOMD.21229
	TYPE ALVARE). NAME of CEMETERY OF CR W Cathedral Cemeral Cemera	CATON & WILKE		BALTO., MD.21229 (City, town, or county) (Stote) (aryland

STORY OF PRINCIPLE AND INC.

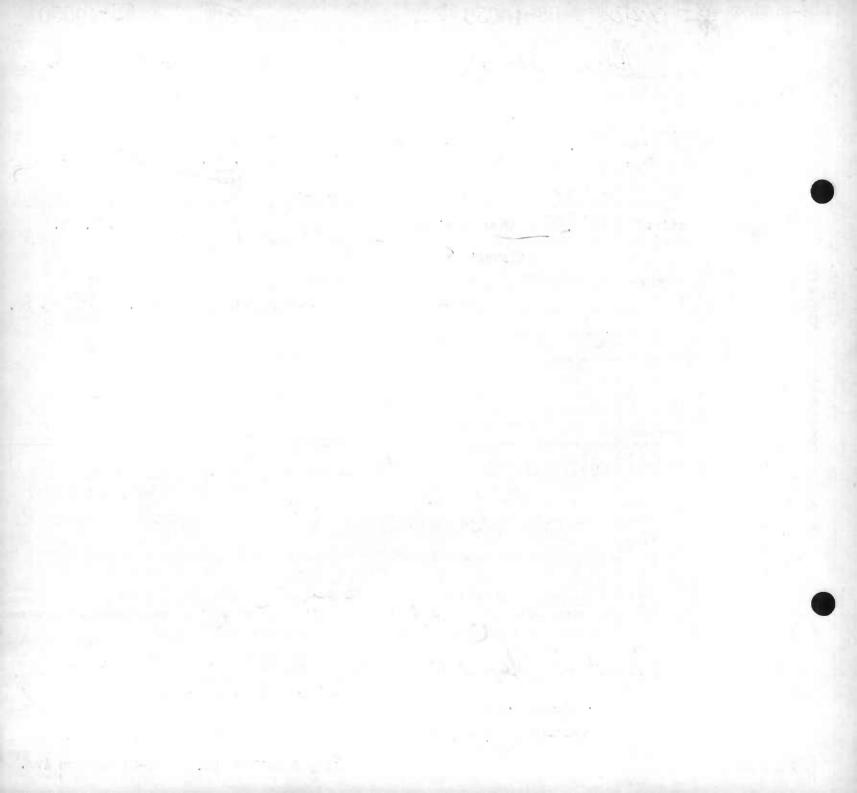
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AND THE PROPERTY AND THE PARTY OF THE PARTY

POTENTIAL DESTRUCTION TO THE PROPERTY OF THE PERTY OF THE



0 .00=1	BALTIMORE CITY HEALTH DEPARTMENT	
8-10051	CERTIFICATE OF DEATH	4

REG. NO.	68-10051
	70-04

BIRTH NO.		1000	CERTIFICA	TE OF DEATH	KEO. 110		0001
1. NAME OF DE		A J te	7.5 7.7 7		ND HOUR OF DEATH	- 4	2 4
	Mary		ilhelm	4, USUAL RESIDENCE (Who	ber 2, 190		3 A. M.
3. PLACE IN BA	LTIMORE, MARYLAND, V	HERE PRONOU	NCED DEAD	A. STATE B. COU	NTY	msmonon, testaence	beiore damission)
FULL NAME OF	HE NOT IN HOSPIT		TION, GIVE STREET	Maryland			1
NOITUTITZNI	ADDRESS OR LOC	~11011/		C. CITY OR TOWN) IN	SIDE ONY LIMITS	1.6
00	3901 Park	side Dr	ive	Baltimore		184	40
00				1446 Rich	ardson St	4	/
- SEX	6. RACE	7. MARRIED	NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr.	If Under 24 Hrs.
F	W	WIDOWED		9/25/07	lost birthday)	Months Doys	Hours Min.
		k 108. KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or for	eign country)	12. CITIZEN OF	WHAT COUNTRY
House	of working life, even if retired)			Maryla	nd	U.S.	4
3. FATHER'S NA				14. MOTHER'S MAIDEN NA		0.0.2	
	Joseph E.	McKay	r	Caroline	Bearing	Brady	
5. Was Decease Yes, no or unknow	ed Ever in U. S. Armed Fo	rces? es of service)	16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRE	55
No		n-n (1000	-	Gustav A. W	ilhelm 14	46 Richar	cdson St
	3.81		CAUSE OF DEAT			APPRO	XIMATE INTERVAL
OTHER SIGN TO THE DEA DISEASE OR	II IFICANT CONDITION S COATH BUT NOT RELATED TO 3 CONDITION GIVEN IN PAIDS OPERATION 198, CONDITION 198, CONDI	THE TERMINAL RT 1 (A).	(C)	20A. AUTOPSY? (Yes or N	lol 20B. IF YES, WERE	FINDINGS CONSI	DERED
ATT O	WAS PER	FORMED			IN CERTIFYING C.	AUSES OF DEATH?	
OR CONTRI	ENT WAS UNDERLYING DUTING CAUSE OF fy medical examiner			n or obout 21 C. WHERE DID ffice bldg., INJURY OCCUR?	(If in Boltime	ore City, give exoct le	ocotion)
21 D. TIME OF INJURY	(Month) (Doy) (Year)	(Hour) 21 E.	INJURY OCCURRED	21F. HOW DID IN	JURY OCCUR?		
(APPROX.)		Whit	Not While				
22, 1 certif	y that (1) (this haspita				19to	1968	19
	e) lost sow the deceos			19 14 and t		Inian death accu	
			1	iew the bady after death.		Jan Geom occu	ned du life dat
23A. SIGNAT		red obdve (1)	(me) (ala) (ala not) V	lew the bady after deoth.	•	23B, DATE SIGNE	D
	Bland			mding Med.	Stoff	11416	
23 C. PHYSICI	IAN'S		DE GREE Phy	23D. ADDRESS	Phys. \square		-
NAME	(Type)	ALSIT		200			
24A. BURIAL CR			ME of CEMETERY OF CR	EMATORY 24D.	LOCATION (City, town, or county) (Stote)
REMOVAL	(Specify)						
Buris	Profession .	1 1 2	y Redeemer		Baltimore	, Maryla	na.
ZOA. DATE REC'	D BY HEALTH DEPT.	258. NAME O	E REGISTRAK	Charles L.		Funeral	Home, Inc
VS 150-REV. 1/1	/68			TOOL FIS	st Fort A	Aeune	



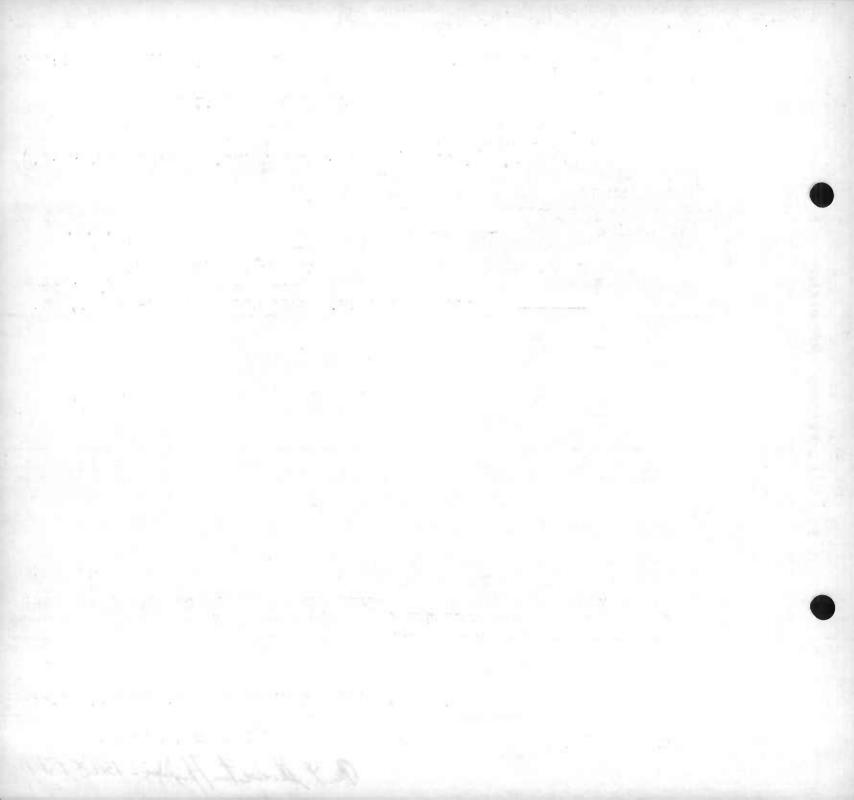
written approval deceased shows: Was VS 150-REV. 1/1/6B

HOSP.

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

If Under 24 Hrs.

U.S.A.



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Every Manual Manual Committee of the Com

HICE Fredmen A. Frank White mineral Sapitifica Es March 18/44 "

To Eline Sens Thinkers here fill

James Marinett Same Marinett

List Till

Liferance and the second

9) 5.7 S ×

Convalescent Center, Inc. 115 93 Ave.

F W 9-3-22 46

House wife Maryland

France, Ellis B. La Barriez, Annie

BALTIMORE CITY HEALTH DEPARTMENT

VS 150-REV. 1/1/68

and

v

IMPORTANT

FUNERAL DIRECTOR:

No [

Hours

APPROXIMATE INTERVAL

BETWEEN ONSET AND DEATH

ADDRES

If Under 24 Hrs.



VS 150-REV. 1/1/6B

Balto.,

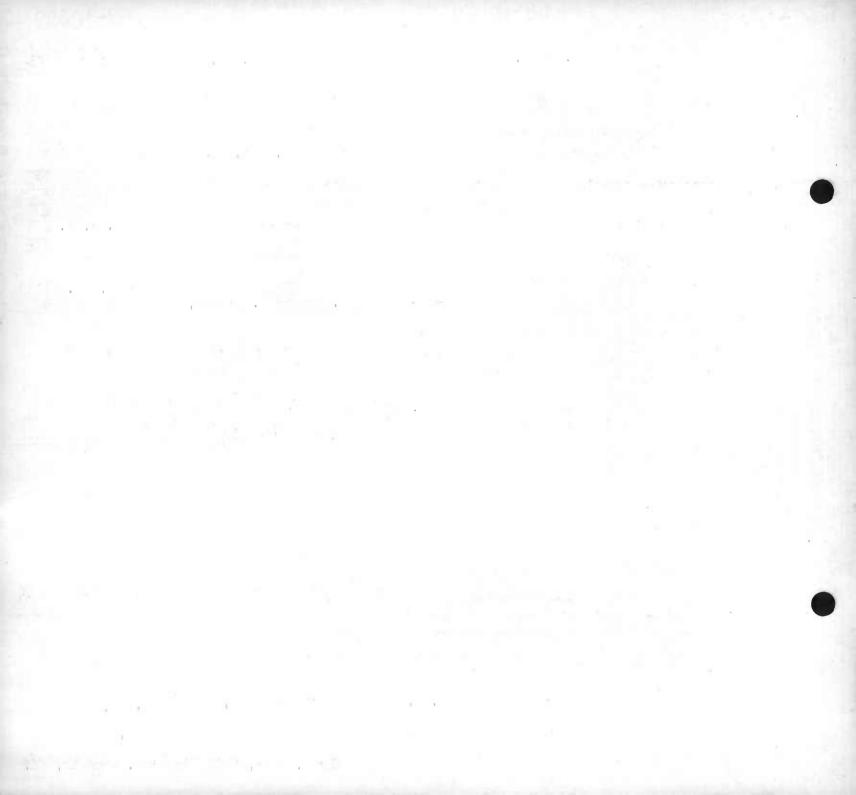
Md.

BALTIMORE CITY HEALTH DEPARTMENT

11 (44-40)

to the same

68- <u>1</u>	0059 CERTIFICA	TE OF DEATH	REG NO.	68-10059
I.NAME OF DECEASED (Type of Print) Sadie R. F	eters		ot. 30, 1968	5:05 A.M
FULL NAME OF HOSPITAL OR INSTITUTION GOULDS Nursing Home	NSTITUTION, GIVE STREET	A. USUAL RESIDENCE (VA. STATE B. CO Maryland C. CITY OR TOWN Edgemere	Baltimore (Stitution; residence before admission) 53-00 DE CITY LIMITS? YES NO NO
6116 Belair Road		Main Ave.		14A 21219
Toma 7 - Lilla 4 h -	RIED NEVER MARRIED NEVER MARRIED NOTED	B. DATE OF BIRTH 11/26/91	9. AGE (In years lost birthday)	If Under 1 Yr. II Under 24 Hrs. Months Doys Hours Min,
10A, USUAL OCCUPATION (Give kind of work 10B, KIN done during most of working lile, even it retired) Housewife	D OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote of Maryland		12. CITIZEN OF WHAT COUNTRY U. S. A.
13. FATHER'S NAME Frank Grook		14. MOTHER'S MAIDEN I	hnson	
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dates of serv No	16. SOCIAL SECURITY NO. 213-09-2412D	17. INFORMANT (Son) Mr. Thomas (Ed. Peters, 320	gemere, Md. 21219 O Whiteway Road
Injury or complication which coused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if ony, g rise to the abave cause (A) stating UNDERLYING CONDITION last. II OTHER SIGNIFICANT CONDITIONS CONTRIBUT TO THE DEATH BUT NOT RELATED TO THE TERMI DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION 19B. CONDITION WAS PERFORMED	the (6 Andrice) ING Maln FOR WHICH OPERATION	LENSION A CONSEQUENCE OF: Cloubitus Unition 20A. AUTOPSY? (Yes on No	olft dec	lmal Sindings considered USES OF DEATH?
U 21.A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notily medical examine)	21B. PLACE OF INJURY (e.g., in home, form, factory, street, of etc.)	or about 21 C. WHERE DIE	? (tf in Baltimore	e City, give exact location)
21D.TIME (Month) (Doy) (Year) (Hour) OF INJURY (APPROX.)	21E INJURY OCCURRED While At Not While Work Not Work		INJURY OCCUR?	H 20 (0)
22. I certify that (I) (this headtral) attended that (I) (we) last saw the deceased alive and have and from the causes stated about	an Sopt.15	-		fold 30 1969 hian death accurred an the date
23A. SIGNATURE 23C. PHYSICIAN'S NAME (Type) Harold Harbold	ed Motories Atto	nding Med. Director] Staff Phys.	23B, DATE SIGNED 10/1/68
24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify)	C.NAME of CEMETERY of CRE	MATORY 240		re, Md. ty, town, or county) (Stote) more, Maryland
	ME OF REGISTRAR	1 250 FUNERAL DIBEC	R	



IMPORTANT

VS 150-REV. 1/1/6B

GLEN BURNIE		YES	NO 🗗	
. STREET AND NUMBER				
RT#2 BOX	30-C			
DATE OF BIRTH 9. A	GE (In years birthday)	If Under 1 Yr Months Doys	If Under 24	Hrs.
2-20-46	72			
. BIRTHPLACE (State or foreign c	ountry)		F WHAT COU	NTRY?
VIRGINIA. MOTHER'S MAIDEN NAME		U.S.	A.	
MOTHER'S MAIDEN NAME				
SARAH RUDD.	ER			
. INFORMANT	Baltin	nore, 425	RESS Md.	
Mrs. Virginia	M. Strau	nderman	(daught	
		APP BETWE	ROXIMATE INTER	HTASC
0.000				
CARDIAC AKEST				
CONSEQUENCE OF:				
- BROUSEROUS AL	FINGINA		9 mos.	
PROMYTELOID A				
120 A	D 18 400 14000		CID FOED	
20A. AUTOPSY? (Yes or No) 20 IN	CERTIFYING CAL	JSES OF DEAT	H?	
or obelt 21C. WHERE DID	(If In Boltimore	City, give exo	ct location)	
e orden, INJURI OCCUR!				
21F. HOW DID INJURY	O C C LLP?			
	OCCOR:			
8/10 19 6	28 to	10/2	- 19.6	8.
2 19 68 ond that is	(my) (pur) opi	nion death ac	curred an the	dote
w the bady after death.				
		23B, DATE SIC	NED,	
ing Med. Staff		10,	2/68	
D. ADDRESS	. 🗀	1	-100	
	Llaga	A .		
ATORY 24D. LOCA			-4-1 (5.4-	-4-1
rial Bark Elkr	idge , R	FD , Ma	ryland	
Prial Park, Elkr 256 Funital Disector Singleton Fune	mal Home	Glen B	DDRESS W	ld.
STUSTS FOUR LANGE	Hat Home	gren p	dinie, r	

2:05

nt r

	OF DECEASED			CERTITO	TE OF DEATH REG. NO. 68-10061
(Type or I	OF DECEASED	RUBY I	. GORI	OON	Sept. 29, 1968 11: F
3. PLACE	IN BALTIMORE, A	AARYLAND, W	HERE PRONOL	INCED DEAD	4. USUAL RESIDENCE (Where deceosed lived, If institution: residence before c. A. STATE B. COUNTY
FULL NA HOSPITA INSTITUT	ME OF (IF N L OR ADD ON	OT IN HOSPITA	AL OR INSTITUTION)	ITION, GIVE STREET	Maryland c.CITY OR TOWN Baltimore YES YES YES
00	521 Sa	nford E	place		E. STREET AND NUMBER 521 Sanford Place
5. SEX	6. RACE		7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. If Under lost birthday) Months; Doys Hours
ema:		ored	WIDOWED		12/26/1890 77
	AL OCCUPATION (g most of working life,		10B. KIND OF	BUSINESS OR INDUSTR	11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT
	usewife				King & Queen Co. , Va. U.S.A.
13. FATH	R'S NAME				14. MOTHER'S MAIDEN NAME
Will	per Reid				Coraline
	Deceased Ever in U unknown) (If yes, g			16. SOCIAL SECURITY NO.	17- INFORMANT ADDRESS
No				None	Eva Streater, 521 Sanford Place
DISE		DITIONS, if	ony, giving	(B)	S A CONSEQUENCE OF:
rise	IO THE OBOVE		sloling the	(C)	
NO OTHE TO T	IN THE OBOVE DERLYING CONDI CHARLES X R SIGNIFICANT CO HE DEATH BUT NO ISE OR CONDITION	TION IOSI. II INDITIONS COINT RELATED TO THE GIVEN IN PAR	NTRIBUTING HE TERMINAL T 1 (A).	(c)	
ERTIFICATION O SHIP O S	IO THE OBOVE DERLYING CONDI A 3 X R SIGNIFICANT CO HE DEATH BUT NO USE OR CONDITION DATE OF OPERATION	IION Iosi. INDITIONS COLUMN TRELATED TO PAR ON 198. CON WAS PERF	NTRIBUTING HE TERMINAL I 1 (A). DITION FOR V	(C)	20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
CAL CERTIFICATION OLD 10 1 10 1 10 10 10 10 10 10 10 10 10 10	IN THE OBOVE DERLYING CONDI CHARLES X R SIGNIFICANT CO HE DEATH BUT NO ISE OR CONDITION	TION Iosi. II INDITIONS COINT RELATED TO THE GIVEN IN PARE ON 198. CON WAS PERF	NIRIBUTING HE TERMINAL T 1 (A). DITION FOR V	VHICH OPERATION PLACE OF INJURY (e.g., e, lorm, foctory, street,	20.A. AUTOPSY? (Yes or No) 20.B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? in or obout 21.C. WHERE DID office bldg., INJURY OCCUR? (If in 8oltimore City, give exact location)
DICAL CERTIFIC ALL ON OTHE OTHER OF THE OTHER OT	IN THE OBOVE DERLYING CONDITION OF THE DEATH BUT NO USE OR CONDITION OF THE OF OPERATION ONTRIBUTING H (notily medical of TIME (Month) JURY	TION Iosi. II INDITIONS COINT RELATED TO THE GIVEN IN PARE ON 198. CON WAS PERF	NTRIBUTING HE TERMINAL T 1 (A). DITION FOR V ORMED 21B. hom etc. (Hour) 21E.	VHICH OPERATION PLACE OF INJURY (e.g., e, lorm, foctory, street, injury occurred lie At Not Wh	20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? in or obout 21C. WHERE DID office bidg., INJURY OCCUR? 21F. HOW DID INJURY OCCUR?
NO OTHER UNITED TO THE UNITED	IN THE CONDITION OF THE PROPERTY OF THE PROPER	II INDITIONS COLOT RELATED TO THE GIVEN IN PAR ON 19B. CON WAS PERFORMED OF CAUSE OF Exominer) (Doy) (Yeor) (this haspital of the decease	NTRIBUTING HE TERMINAL T 1 (A). DITION FOR N ORMED 21B. Whi Wo) attended the	VHICH OPERATION PLACE OF INJURY (e.g., e, lorm, foctory, street, linjury Occurred At Work At	in or about 21 C. WHERE DID (If in Soltimore City, give exact location) 21F. HOW DID INJURY OCCUR? 19 5 ta 9-29-19 219 8 and that in(my) (aur) apinian death accurred an
WE OTHE TOTAL OR CO DEAT TOTAL OR CO DEA	IN THE CONDITION OF THE PROPERTY OF THE PROPER	II INDITIONS COLOT RELATED TO THE GIVEN IN PAR ON 19B. CON WAS PERFORMED OF CAUSE OF Exominer) (Doy) (Yeor) (this haspital of the decease	NTRIBUTING HE TERMINAL T 1 (A). DITION FOR N ORMED 21B. Whi Wo) attended the	VHICH OPERATION PLACE OF INJURY (e.g., e, lorm, foctory, street, which is the deceased fram of the deceased fram	in or obout 21 C. WHERE DID office bidg., INJURY OCCUR? 21F. HOW DID INJURY OCCUR? 19

VS 150-REV. 1/1/6B

25B. NAME OF REGISTRAR

10/3/68

Description of the Charles R/ Law ,802 Madison Ave.

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Market and the September of the Septembe

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Bolton Hill Mussine and Convertes, Inc.

Shaushnessy, Edward Curtain, Gertrude

220-46-6822

2224 & page Street

Md.

08 88,-7-5

VS 150-REV. 1/1/68

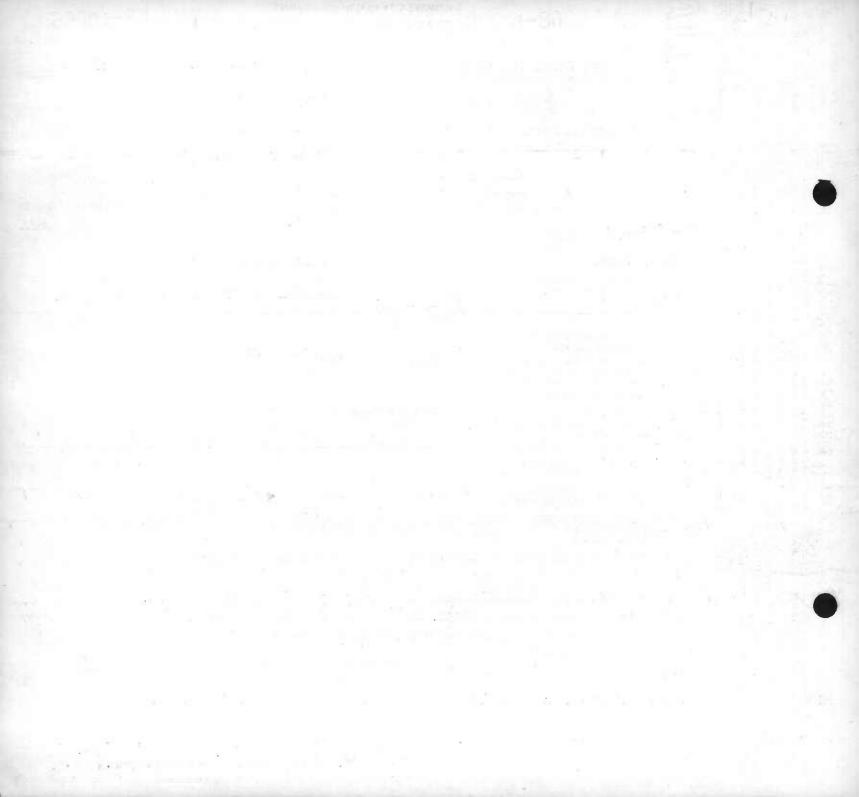




			00		BALTIMORE CITY	HEALT	H DEPARTMEN	1T	10	00	10000
			68	-100	66 CERTIFICA	TF C	DE DEAT	Н	REG NO	<u> </u>	-10066
BIRTH I					CERTITIO						
1. NAM (Type o	NE OF DECE		iones	Palma	tion				. 29, 1968		3:30 P
3. PLA	CE IN BALT				OUNCED DEAD	4. USU	AL RESIDENCE	(Where	o. eosed lived. If	institution:	residence befare odmissia
HOSPIT	NAME OF	(IF NOT	IN HOSPITA	AL OR INST	TUTION, GIVE STREET		Maryla		Boince,	SIDE CITY	CIP (A6 - DO
INSTITI	UTION				Hospital	11	ew Carrol	llto		YES (_
		man Par			loshr our		6014- 8	BER		120	
5. SEX		6. RACE		7. MARRIE	D X NEVER MARRIED		OF BIRTH	9.	AGE (In years	If Und Months	er 1 Yr. If Under 24 Hr. Days Hours Min.
	F		W	WIDOWE			7/3/13				
done du		arking life, eve		10B. KIND	OF BUSINESS OR INDUSTRY	11. BIRT	Pa.	or foreig	n country)	12. CI1	USA
13. FAT	Harry	Jones				14. MC	THER'S MAIDEN				
15. Wos	Deceased	Ever in U. S. (If yes, give	Armed Forwor or dote	ces? s of service	1 6. SOCIAL SECURITY NO.		DRMANT	tic	DUC Mognit	- D	ADDRESS
	NO				215-38-2559)	necorus-	05	PHS Hospit	ar, b	arto, Md.
18.	200.	1			CAUSE OF DEAT	H					APPROXIMATE INTERVAL
	DISEAS	E OR CONE		RECTLY							
(T)		LEADING TO		duing	(A) IMMEDIATE CA	USE I	ymphosar	coma			1 year
DI	A ISEASES O	olicalian whi NTECEDEN R CONDITI above con CONDITIO	T CAUSES ONS, if ause (A)	any, givin	e	A CON	SEQUENCE OF:				
0,	INDERLINING		iv iusi.		(C)						
01 01	THE DEATH	CANT CONDI	LATED TO T	HE TERMINA							
		OPERATION GI		DITION FOR	WHICH OPERATION	20 A. AUTOPSY? (Yes or No) 20 B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?			S CONSIDERED DEATH?		
U 21/	CONTRIBU	T WAS UND	JSE OF	h	1B. PLACE OF INJURY (e.g., ame, form, factory, street, co.)	in or obo	Ut 21 C. WHERE D	JR?	_ (If in Baltim	are City, g	ive exact lacotion)
211 OF	D. TIME INJURY PPROX.)	(Manth)	oy) (Yeor)	V	Vhile At Not Whi	le 🔲	21 F. HOW DI	ח ואו ס	RY OCCUR?		
22	. I consider	that (1)/(+h:	s hasnital		the deceased fram	July	31	10	68 to S	ept	29 19 68
the	at ()/(we)	last saw th	e decease	ed alive an	Sept. 29	1	9_68	nd tha			
			auses stat	ted abave.	(A) (We) (did) (djd/n/sy)	view the	bady after de	eath.			
234	A. SIGNATUI	RE	. 1	1	Au	ending [Med.		the C		ATE SIGNED
230	C. PHYSICIAL NAME ITY Henry	25 S	Cis	A,	M DEGREE Phy	23 D. AD	DRESS		hys.		0/30/68
				rgeon	DEGREE	US P			, Balto, N	id.	
	URIAL CREA	pecify)	B. DATE		NAME OF CEMETERY OF CR	EMATOR	Υ 2	4D. LO	CATION (City of wa	eo county (State)
	emation		0-2-68		Ft Lincoln			-	Colmar Ma	nor,	
25A. D	ATE REC'D	OCT 4	1368	25B. NAME	OF REGISTRAL	The state of the s	Gasch's	SSOI	ns Hyattsv	ille,	Manyland.

To Gasch's Sons Hyattsville, Maryland.

VS 150-REV. 1/1/6B



7-520

68 -- 10067 baltimore city health department

MEDICAL	EXAMINER'S	CERTIFICATE	OF DEATH
MEDICAL	EVWMIII JEK 2	CERTIFICATE	OI DEATH

REG. NO.	68-1	106
KEO. 140.		

BIRTH NO.	REG. NO. US 18001
1. NAME OF DECEASED	2. DATE Known A Month Day Year Hour
(Type or Print) ALLEN TOWNES	OF DEATH Estimated October 3, 1968
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	3. DATE Manth Doy Year Hour PRONOUNCED DEAD October 2 1069
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL ADDRESS OR LOCATION) OR INSTITUTION	October 3, 1968 7:20 A. M. S. USUAL RESIDENCE (Where deceosed lived. If Institution: residence before admission)
University Hospital (DOA)	A. STATE Maryland B. COUNTY
6. SEX 7. RACE B. MARRIED NEVER MARRIED	C. CITY OR TOWN D. INSIDE CITY LIMITS?
Male Negro WIDOWED DIVORCED	Baltimore yes Not
9. DAYE OF BIRTH 10. AGE (In years If Under 1 Yr. If Under 24 Hrs. Manths, Days, Hours, Min.	E. STREET AND NUMBER 1138 N. Carrollton Avenue
11. BOTHPLACE (State or foreign Laughty) 12. CITIZEN OF	13. EATHER'S NAME ()
Green velle S. Carolina WHAT COUNTRY?	Watter L. Towner
14A. USUAL OCCUPATION (Give kind of work) 14B. KIND OF BUSINESS OR INDUSTR' dane during mast of warking life, even if retired)	Y 15. MOTHER'S MAIDEN NAME
date dating master working me, even meaning	Lottee Degas
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes goor unknown) (If yes, give war or done of service) 17. SOCIAL SECURITY NO	IB. INFORMANT ADDRESS
ULD WWILL 201-00-1008	Walter Sownes 1138 h. Carrolles are
18 4/2 2 1 CAUSE OF DEA	TH APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	sive and arteriosclerotic
LEADING TO DEATH (A)IMMEDIATE (This does not mean the made of dying, e.g., DUE TO, OR.	CAUSE cardiovas g ular disease
heart failure, asthenia, etc. It means the disease, injury or complication which coused death.)	AS A CONSEQUENCE OF:
ANTECEDENT CAUSES (R)	
DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO, OR	AS A CONSEQUENCE OF:
RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C)	
6 H 4 2 X II	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W.	
20 A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W.	AS PERFORMED 21. AUTOPSY? (Yes or No)
0 2	Yes
	in or about 22C. WHERE DID (If in Boltimore City, give exoct location)
UNDERLYING OR CONTRIB-	te bidg., etc.) INJURY OCCUR?
Z 22D. TIME (Manth) (Day) (Year) (Haur) 22E.INJURY OCCURRED OF INJURY	22F. HOW DID INJURY OCCUR?
WHILE AI MI	WHILE WORK
I certify that I held an Inquiry Inspection Au	stapsy X and that an this basis, death in my apinian
resulted fram: Natural causes X Accident Suicident	de Homicide Undetermined manner
01 0 C -+	CHIEF MEDICAL EXAMINER
ACTUAL SIGNATURE (MONS)	ASSISTANT MEDICAL EXAMINER A
EXAMINER'S Charles S. Springate, M.D.	ASSOCIATE MEDICAL EXAMINER October 3, 1968
24A. BURIAL CREMATION, 24B. DATE 24C. MAME of CEMETERY REMOVAL (Specify)	
Queral 10-1-68 Salumore	natural en 5501 Indenk Baltures, Mike
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	250 FUNERAL DIRECTOR ADDRESS ADDRESS ON THE RAP
Ubl soo o dista to the signal	Balleyer mod.
VS 151-REV. 1/1/6B	

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Batherson Glass

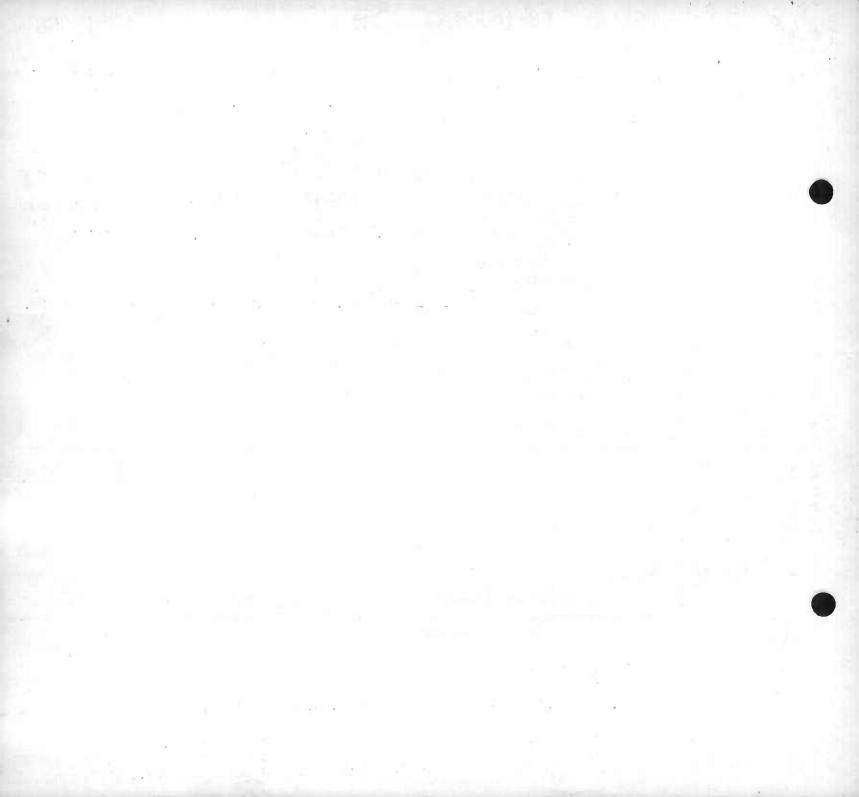
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VS 150-REV. 1/1/68

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TOUC	\	0 0	BALTIMORE CITY	HEALTH DEPARTMEN	1T	
1-56() 6	8-100	68 CERTIFICA	TE OF DEAT	H REG. NO	68-10068
BIRTH NO.			CERTIFICA			
1. NAME OF DE (Type or Print)					E AND HOUR OF DEAT	Н
	Gertrude E.				0/2/68	2:15 A. N
3. PLACE IN BA	LTIMORE, MARYLAND, V	WHERE PRONO	UNCED DEAD		COUNTY	institution: residence before admission
FULL NAME OF	(IF NOT IN HOSPI	TAL OR INSTIT	UTION, GIVE STREET	Md. B	alto.	
HOSPITAL OR	ADDRESS OR LOC	ATION)		C. CITY OR TOWN	D.#fr	SIDE CITY LIMITS?
Cinni I	7			Balto.		YES NO 🗆
	Hospital			E. STREET AND NUMB		
42				2045 Druid	Park Drive	
S. SEX	6. RACE	7. MARRIED	X NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
Lock	W	WIDOWED	DIVORCED	7/25/03	65	
		rk 108. KIND OF	BUSINESS OR INDUSTRY			12. CITIZEN OF WHAT COUNTRY
	f working life, even if retired)	a e D	m 3 1 0	2 2 1 1 1		U.S.A.
3. FATHER'S NA	e Operator	. C & P/	Telephone Co.	Baltimore C	ounty, Md.	0.00.00
S. PATHER S IN				14. MOTHER'S MAIDEN	NAME	
		Robinson				
S. Wos Decease	d Ever in U. S. Armed Fo	rces?	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
no	, cs, g. c c. c.		212-05-1812	Mr. Edward	A. Tugwell. 2	045 Druid Park Dr.
18. 44.10	F1 (7 .	-	CAUSE OF DEAT			APPROXIMATE INTERVAL
//6	7				N	BETWEEN ONSET AND DEATH
DISEA	ASE OR CONDITION D LEADING TO DEATH			~	0 1.0	- 1/- 1.
(This door			(A) IMMEDIATE CAL	ISE myocaralo	a infalcl	ion 12 hr
	nal mean the made a , asthenia, etc. It mean		DUE TO, OR AS	A CONSEQUENCE OF:	al infaict	
injury or co	mplication which cause	d death.)		. 0		
	ANTECEDENT CAUSE	S	in murder	A CONSEQUENCE OF:	uffecency	(o mo
DISEASES	OR CONDITIONS, if	any, giving	DUE TOUDR AS	A CONSEQUENCE OF:	1	
	he above cause (A)	sloting the			1	
UNDERLIN	IG CONDITION last.		(C)			
7 420.						
	IFICANT CONDITIONS CO ATH BUT NOT RELATED TO		n	one		
▼ DISEASE OR	CONDITION GIVEN IN PA	RT 1 (A).	WILLIAM TON	120A ALIEOBEVO (V	a. Nall 200 IF wee the	T THEN IS CONCIDENT
19A. DATE C	F OPERATION 198, COI	REORMED	WHICH OPERATION	20A. AUTOPSY? (Yes	IN CERTIFYING	E FINDINGS CONSIDERED CAUSES OF DEATH?
20						
. OR CONTRI	ENT WAS UNDERLYING	21B	PLACE OF INJURY (e.g., e., form, foctory, street, o	n or obout 21 C. WHERE D ffice bldg., INJURY OCCL	JR? (If In Baltin	nore City, give exact location)
DEATH (noti	y medical examiner)	etc.)	7		
O 21 D. TIME	(Manth) (Day) (Year)	(Hour) 21 E	INJURY OCCURRED	21 F. HOW DII	D INJURY OCCUR?	
OF INJURY			ile At Not Whi			
		Wo		~ / / -		0/5
22, 1 certif	y that (1) (this hospita	ol) ottended t	he deceased from	D1-1-7		0/2 1968
that (I) (we	r) last sow the deceas	ed olive an	9/34	19 6 8 a	nd that In(my) (our) o	pinian death occurred an the dot
and hour or	nd from the couses sto	oted obove. (l) (We) (did) (did not)	view the body ofter de	eath.	
23A. SIGNAT	URE	-				23B. DATE SIGNED
(A)	. I lide	wed	AH	ending Med.	Staff Phys.	10/2/60
23C. PHYSICI	AME	-	DEGREE Phy	s. Director L	Phys. —	1-1-00
NAME	Туре)	No.		ADDRESS		
	Dr. Paul G.	Herold	DEGREE	10 W. Madiso.	n Stfeet.	
AA. BURIAL CR	EMATION, 248. DATE	24C. N	AME of CEMETERY of CR			(City, tawn, or county) (State)
Burial	40/2	160 11	. 13 0		Reltimona Ma	
	D BY HEALTH DEPT.	25B. NAME	odlawn Cemeter	2SC. FUNERAL DIRE	Baltimore, Md	ADDRESS
20	1368	1.97- 1	To Day ?		Oi Edmondson	
	48	7 7.50 0	ACTIVISTICAL CO.	DI 0216 , 34	en Edmondson	Ave., 21229



	-260 68-10069 CEPTIFICA	HEALTH DEPARTMENT	REG. NO	68-10069
1. N.	H NO.	TE OF DEATH	ID HOUR OF DEATH	1 2041
(Тур	ar Print) FISHER, ELIZABETH B.		BER 3, 1968	7410
UL	L NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) ST. AGNES HOSPITAL CATON & WILKENS AVES.	A. STATE B. COUN MARYLAND C. CITY OR TOWN SIMPSONVILLE E. STREET AND NUMBER	Howard G 2	21150 PECITY LIMITS? YES NO.
S. SI	BALTIMORE, MD 21229	4 CHELL RD.	9. AGE (In years	If Under 1 Yr., If Under 24 Hrs.
	WAKKIED TIVE AEK WAKKIED	07 03 82	lost birthday)	Months Doys Hours Min.
	MALE WHITE WIDOWED DIVORCED USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY			12. CITIZEN OF WHAT COUNTRY?
	during mast of working life, even if retired)	NEW YORK		U.S.A.
	ATHER'S NAME	14. MOTHER'S MAIDEN NA		
	OHN BUELLOGH	ALICE STAFFOR		AV/EADDRESS 21220
Yes,	/os Deceosed Ever in U. S. Armed Forces? no or unknown) Uf yes, give wor or dotes at service) 16. SOCIAL SECURITY NO. 220 44 531	7 ST. AGNES HO		S AVEADORESS 21229 DS-BALTO., MD.
	DISEASES OR CONDITIONS, if any, giving purity of the above couse (A) stating the UNDERLYING CONDITION last. (C)	20 A. AUTOPSY? (Yes ar No	o) 208. IF YES, WERE FI	INDINGS CONSIDERED
	21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., one contributing 2 CAUSE OF	in or obout 21C. WHERE DID	(If in Boltimore	City, give exact lacation)
4				
MEDIC	21 D. TIME (Month) (Day) (Year) (Haur) 21 E. INJURY OCCURRED OF INJURY (APPROX.) While At Nat Wark At Wark	21F. HOW DID IN	JURY OCCUR?	
MEDIC	while At white At wark 22. I certify that (N) (this haspital) attended the deceased fram State (N) (we) last saw the deceased alive an OCTOBER 3 and have and fram the causes stated above. (V) (We) (did) (did not) 23.A. SIGNATURE DEGREE AH Ph AH Ph ADOLFO ALONSO	EPTEMBER 27 19 68 and the view the bady after death.	.19 68 ta OCT OF nat in (My) (aur) apin Shaff Phys.	238. DATE SIGNED
MEDIC	while At which work At Wark 22. I certify that (N) (this haspital) attended the deceased fram Sthat N) (we) last saw the deceased alive an OCTOBER 3 and haur and fram the causes stated abave. (H) (We) (did) (did not) 23. SIGNATURE 23. SIGNATURE 23. SIGNATURE 23. SIGNATURE 24. NAME (Type) ADOLFO ALONSO DEGREE DEGREE DEGREE DEGREE	EPTEMBER 27 19 68 and the view the bady after death. Pending Director Director CATON & WILKE	19.6.8ta OCT.OF nat in (My) (aur) apin Staff Phys. NS AVES.~BA	23B. DATE SIGNED 10 03 68 ALTO., MD. 21229 y, town, or county) (Stote)
WEDIC	while At which work At Wark 22. I certify that (N) (this haspital) attended the deceased fram Sthat N) (we) last saw the deceased alive an OCTOBER 3 and haur and fram the causes stated abave. (H) (We) (did) (did not) 23. SIGNATURE 23. SIGNATURE 23. SIGNATURE 23. SIGNATURE 24. NAME (Type) ADOLFO ALONSO DEGREE DEGREE DEGREE DEGREE	EPTEMBER 27 19 68 and the view the bady after death. Pending Med. Director 123D. ADDRESS WILKE	19.6.8ta OCT.OF nat in (My) (aur) apin Staff Phys. NS AVES.~BA	23B. DATE SIGNED 10 03 68 ALTO., MD. 21229 y, town, or county) (Stote)

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UNION MEMORIAL HOSPITAL

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CHARLES 1. BURRE

AN ADIMERA WEND

90 10-90-01

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CARDINE FAILER

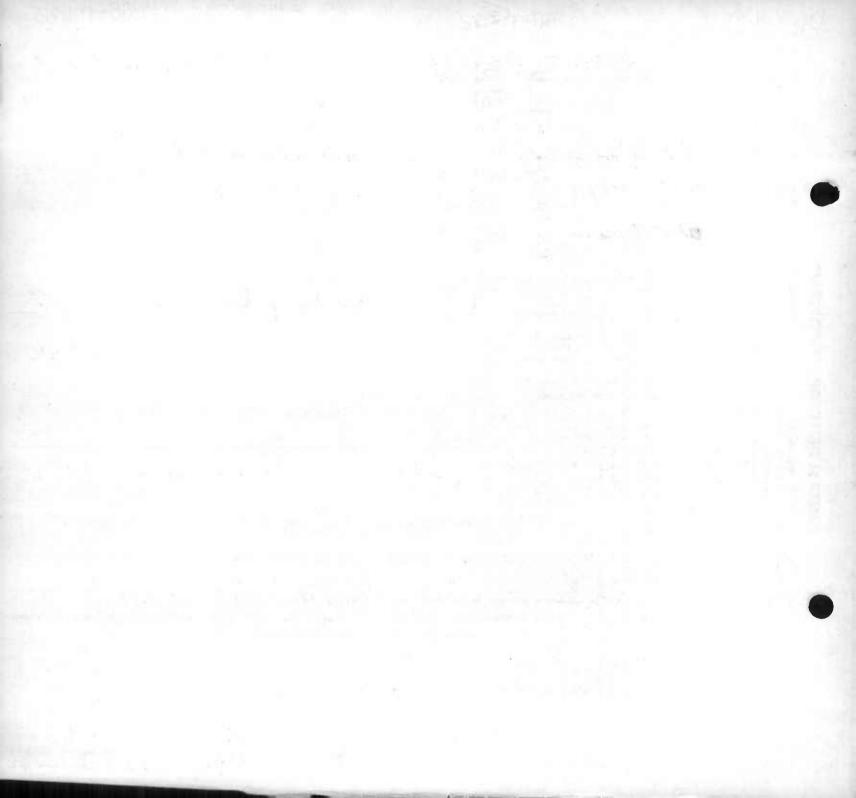
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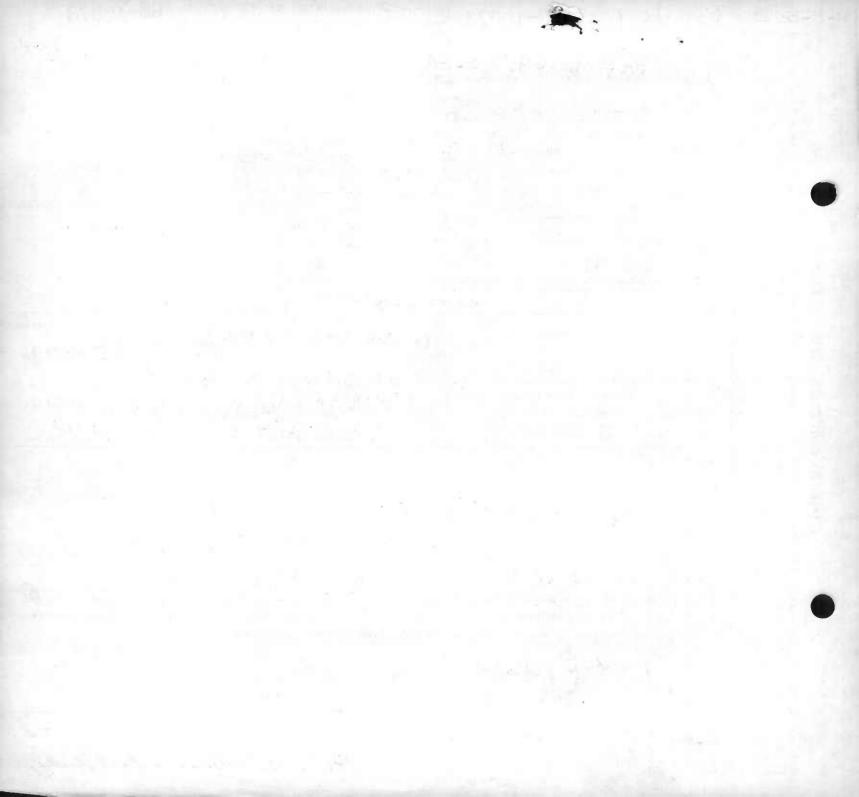
AMES VALOR REMORTAL PLANTS

PAUL CHENDINE

SEA MILES	68-	10072 CE	DTIFICA	TE OF DEATH	REG. NO.	68-10072
BIRTH NO.		- CL	KIIIICA		AND HOUR OF DEATH	1
(Type or Print)	LBERT	DESELL	_	0	CTOBER 1.	1968 4:00 P.
3. PLACE IN BALTIM	ORE, MARYLAND, WHE	RE PRONOUNCED DE	AD	4. USUAL RESIDENCE (WI	here deceased lived. If i	institution: residence before Admissian
FULL NAME OF HOSPITAL OR	(IF NOT IN HOSPITAL	OR INSTITUTION, GIV	E STREET	md.	Balts (0 33-00
INSTITUTION 4	ven Nurse	1 11		C. CITY OR TOWN	D. IN	SIDE CITY LIMITS?
an 39	39 Penhussi	Ax		E. STREET AND NUMBER	100	IES M HOL
9 Br	eterne my	, , , ,		2017 Kelm	one Rd	•
10 1	RACE 7.	MARRIED NEVER	MARRIED	B. DATE OF BIRTH	9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Hr Months; Doys Hours Min.
Male 1	1 " (1		IVORCED	Dec, 27, 1887	80	1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
one during most of work		R KIND OF BUSINESS	OK INDUSTRE	11. BIRTHPLACE (State or fo	reign country)	12. CITIZEN OF WHAT COUNT
3. FATHER'S NAME	man			14. MOTHER'S MAIDEN N	A A A E	
3. FATHER 3 NAME				4. MOTHER'S MAIDEN N	AME	
5. Was Decensed Eve	n in U. S. Armed Forces	? 1 6. SOCIA	1	17. INFORMANT		ADDRESS
Yes, no oi unknown) (If	yes, give wor or dotes o		NO.	Mus. Mary	Donnelly	2017 Kelmon
18. 4 86	X 1	CAL	ISE OF DEAT	н /	0	APPROXIMATE INTERVAL BETWEEN ONSET AND DEA
	OR CONDITION DIRECT	TLY		D		21
	mean the made of dy		IMMEDIATE CAL	A CONSEQUENCE OF:	مده	3 anys
	henia, elc. Il means the calian which caused de	e disease,	500,00,00,70	A CONTRACTOR OF		
ANI	ECEDENT CAUSES					
	CONDITIONS, if any	3 3	DUE TO, OR AS	A CONSEQUENCE OF:		
	abave couse (A) si CONDITION last.	aling the (C).				
- 493X	- 11		814 - 215	1		
TO THE DEATH B	NT CONDITIONS CONTE	TERMINAL	Arteri	oscleratic hea	ert diseas	+ unlemmer
19A. DATE OF OP	PERATION 198. CONDIT	TON FOR WHICH OP				FINDINGS CONSIDERED AUSES OF DEATH?
ERTIF	WAS PERFOR	MED		NO	IN CERTIFYING C	AUSES OF DEATH?
OR CONTRIBUTION DEATH (notify me		21 B. PLACE OF home, form, fo etc.)	INJURY (e.g., i ctory, street, o	ffice bldg., INJURY OCCUR?	(If in Baltime	are City, give exoct lacation)
Q 21 D. TIME (N	Nonth) (Doy) (Yeor) (I	Hour) 21E, INJURY C	CCURRED	21F. HOW DID II	NJURY OCCUR?	
OF INJURY (APPROX.)		While At	Not While At Work			
22. I certify the	nt (I) (this_hespital) a			Sun (1	1968 to 0	et / 1068
	st saw the deceased o		at 1	1968 and		pinian death accurred an the d
			d) (did not) v	view the bady after death		
23A. SIGNATURE	0	11	3 0			23 B. DATE SIGNED
Clim	Rom B. /	turus I	DEGREE Phy	ending Med. Director	Shaff Phys.	Oct 1 1968
23 C. PHYSICIAN'S NAME (Type)	ABRAHAM !	B. HURWIT		7501 Liber	ty Road B	Paltimore Md
4A. BURIAL CREMA	TION, 248. DATE	24C. NAME of CE	METERY of CR	EMATORY 24D.	LOCATION (City, town, or county) / (Stote)
REMOVAL (Spec	Q 10-5-68	2 1 0	Redies	ner	Balto.	ma.
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VS 150-REV. 1/1/68					<u></u>	



VS 150-REV. 1/1/6B



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	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.	BIRTH N 1. NAM (Type of
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BALTIMORE CITY HEALTH DEPARTMENT

68	-1	00	74

NAME OF DECEASED SUBJECT NAME PROPORTION NAME PROPORTI	BIRTH NO.	68	-1007	4 CERTIFICA	TE OF DEATH	REG. NO	10072	1
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Common C	FULL NAME OF	(IF NOT IN HOSPIT	AL OR INSTITU	UTION. GIVE STREET	Maryland			
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Westport, Maryland E. STREET AND NUMBER 2.238 Sidney Avenue	22	238 Sidney Ave	enue			ah.	YES K NO]
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VS 151-REV. 1/1/68

1 S-400 68-10075 BALTIMORE CITY HEALTH DEPARTMENT

68-10075

MEDICA	AL EXAMINER'S (CERTIFICATE OF	DEATH	
BIRTH NO.			REG. NO	D
1. NAME OF DECEASED		2. DATE Known	Month Day	Year Hour
(Type or Print) MARTHA REE	SECCA SELL	OF DEATH Estimoted	September 3	30, 1968 10:50 R
4. PLACE IN BALTIMORE, MARYLAND, WHERE		3. DATE	Month Day	Yeor Haur
FULL NAME OF (IF NOT IN HOSPITAL OR I HOSPITAL ADDRESS OR LOCATION)	NSTITUTION, GIVE STREET	PRONOUNCED DEAD	September 30,	
OR INSTITUTION Abandoned Girl	Scout Camp.	5. USUAL RESIDENCE (Where		,
CLeakin Park	,	A. STATE Maryland	B. COUNTY	-
	ARRIED NEVER MARRIED	C. CITY OR TOWN	D. INSID.	CITY LIMI S?
	OWED DIVORCED	Baltimore		YES 🕅 NO 🗆
9. DATE OF BIRTH 10. AGE (In years	If Under 1 Yr. If Under 24 Hrs. Months, Doys, Hours, Min.	E. STREET AND NUMBER		
JULY 4. 1915 lost birthday) 53	Months Doys Hours Min.	3903 Labyrin	th Road	
11. BIRTHPLACE (Stote or foreign country)	12. CITIZEN OF	13. FATHER'S NAME	ILII ROAG	
	WHAT COUNTRY?		COLLONIAN	
Baltimore, Maryland 14A.USUAL OCCUPATION (Give kind of work 14B. KI	U.S. A.	HARRIS MEYER		
done during most of working life, even if retired)	ND OF BUSINESS OR INDUSTR	1 13. MOTHER S MAIDEN NAM	IE.	
HOUSEWIFE	AT HOME	MARY FERMAN		
16. WAS DECEASED EVER IN U.S. ARMED FOR	CES? 17. SOCIAL SECURITY NO.	18. INFORMANT		ADDRESS
NO	218-05-6710	MR. PAUL SELL.	3903 LABYRIN	TH ROAD #21215
119. E Q / Q V	CAUSE OF DEA		JOS ENDIREN	APPROXIMATE INTERVAL
E1001				BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY	Multiple	e Injuries		
LEADING TO DEATH (This does not mean the mode of dying, e.	(A)IMMEDIATE			· · · · · · · · · · · · · · · · · · ·
heart failure, asthenio, etc. It meons the diseos	e, DUE TO, OR	AS A CONSEQUENCE OF:		
injury ar complication which coused death.)				
ANTECEDENT CAUSES	(p)			
DISEASES OR CONDITIONS, IF ANY, GIVI	NG (B)	AS A CONSEQUENCE OF:		
RISE TO THE ABOVE CAUSE (A) STATING TO UNDERLYING CONDITION LAST.	HE			
Z STREET STREET	(C)			
OHER SIGNIFICANT CONDITIONS CONTRI				
OTHER SIGNIFICANT CONDITIONS CONTRI TO THE DEATH BUT NOT RELATED TO THE TE	RMINAL			
DISEASE OR CONDITION GIVEN IN PART 1	A).			
TO THE DEATH BUT NOT RELATED TO THE TE DISE ASE OR CONDITION GIVEN IN PART 1 (20 A. DATE OF OPERATION 208. CONDITION	N FOR WHICH OPERATION W	AS PERFORMED		21. AUTOPSY? (Yes or No)
07				Yes
22A. EXTERNAL CAUSE WAS	22B. PLACE OF INJURY (e.g.,	in ar obaut 22C. WHERE DID (If in Boltimore City, give e	exact location)
UNDERLYING FOR CONTRIB-		e bldg., etc.) INJURY OCCUR?		ibj. was found in
	Park 22E.INJURY OCCURRED	Leakin Pa		16-18
OF INJURY bet 9:45	WHILE AT NOT	WHILE		
(APPROX.) 9/30/68 10:50 P.	m. WORK AT V	VORK A beating a	nd sexual as	sault
23. I certify that I held an Inquiry	Increasion (A.	tapsy 🖾 and that an th	te beste donah tu	
i certify that I held an Inquiry			is basis, death in m	
resulted from: Natural causes	Accident Suicio	de Homicide X	Indetermined manner	. 🗀
1111 2 5	7	CHIEF MEDICAL E	XAMINER	DATE SIGNED
SIGNATURE MUSICAL	M.E	ASSISTANT MEDICAL E	XAMINER X	DATE SIGNED
EMA MAIN CERT		ASSOCIATE MEDICAL E	XAMINER	10/1/68
NAME (Type) Werner U. S	prez, M.D.	NOT OWNER WILLIAM CO		
24A. BURIAL CREMATION, 24B. DATE	24C. NAME of CEMETERY	or CREMATORY 24D. I	OCATION (City, to	wn, or caunty) (State)
REMOVAL (Specify)	OUEL WAYAU			
BURIAL 10-1-68	OHEL YAKOV		BALTIMORE, MO	
COTTAL ASSESSMENT	NAME OF REGISTRAR	25C. FUNERAL DIRECTO		ADDRESS
UC1 4 1563 1 P.	y o o un ha		& BROS. INC.	DALTA ALAIT
	and the second of the	6010 KEISTE	RSTOWN ROAD.	BALTO. 21215

2	00 68-108	CERTIFICA	TE OF DEATH	REG. NO.	68-10076
1. N	TH NO. NAME OF DECEASED MOVUS	Bock		HOUR OF DEATH	68. 53P
3.	PLACE IN BALTIMORE, MARYLAND, WHERE PRO	DNOUNCED DEAD	4. USUAL RESIDENCE (Where		tution: residence before admission)
HC	LL NAME OF (IF NOT IN HOSPITAL OR IN ADDRESS OR LOCATION)	STITUTION, GIVE STREET	c. CILY OR TOWN	D. INSIDE	CITY LIMITS?
14	, Lenai Hoy	ritael	E. STREET AND NUMBER	e y	AS NOT
	~		4102 New	bern av	u
5.5	nace White "MARR WIDOW	7		AGE (In years In Note that the state of the	If Under 1 Yr. If Under 24 Hrs. Aonths: Doys Hours Min.
	. USUAL OCCUPATION (Give kind of work 108, KINE e during most of working life, even if relired)	OF BUSINESS OR INDUSTRY	11. BIRTHRYACE (State or foreign	country	12. CITIZEN OF WHAT COUNTRY?
13.	FATHER'S NAME	elber	14. MOTHER'S MAIDEN NAME	, va	7(3/1.
	Havry Book		Celia A	gatt	
(Yes	Was Deceased Ever in U. S. Armed Forces? s,no or unknown) (If yet give wor or dates of servi	16. SO CIAL SECURITY NO. 578-16-3221	mildred B	102k-410	ADDRESS (INC.
7	18.4.10.9	CAUSE OF DEATH	1		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	(A)IMMEDIATE CAU		earluling	facilion Membe
	(This daes not mean the mode of dying, heart failure, asthenia, etc. It means the dise injury or camplication which coused deoth,)	ase, DUE TO, OR AS	A CONSEQUENCE OF:	4	1 2 2 2 2 2
	ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, given	(B) COL	a consequence of:	disease	>1440
CAL CERTIFICATION	rise la the obave cause (A) stating UNDERLYING CONDITION last.	· · · · · ·			
NOIL	OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE DEATH BUT NOT RELATED TO THE TERMIN				
CERTIFICATION	DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION 19B. CONDITION F WAS PERFORMED	OR WHICH OPERATION	20 A. AUTOPSY? (Yes or Na)	208. IF YES, WERE FIN IN CERTIFYING CAUSE	DINGS CONSIDERED
CAL CER	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	21B. PLACE OF INJURY (e.g., in home, form, factory, street, of etc.)	or about 21 C. WHERE DID	(If in Baltimore C	City, give exact location)
-	21 D. TIME (Month) (Doy) (Year) (Hour) OF INJURY (APPROX.)	21 E. INJURY OCCURRED While At Nat While	21F. HOW DID INJUR	IY OCCUR?	
	22. I certify that (I) (this haspital) attended	Work Al Work ed the deceased from		57 to	10-1 1968.
	that (I) (we) last saw the deceased alive	on 9-30	19 <u>6</u> & and that		on death accurred on the date
	and haur and from the causes stated above	e. (I) (Man) (did not) v	iew the bady after death.	23	3B. DATE SIGNED
24	Hauley Collin	DEGREE Phys	Med. St. Director Ph	hys.	10-3-68
	STANLEY ROYSTO	EINBACH DEGREE	11 SLADE	Ave BA	am & or H
244	REMOVAL (Specify)	C. NAME of CEMETERY OF CRE	MATORY 240 LOC	CATION (City,	town, or county) (Stote)
25/	A. DATE REC'D BY HEALTH DEPT. 25B. NA/	Ollel Jalso	250 FUNERAL DIRECTOR	2nc	ADDRESS
VS	150-REV. 1/1/68	South NO	CHBURRE II	llos 601	O Reat Ica.

and the state of t The same of the sa

,	and death eased n the Such	7
	hospita use of (5) Dec dance o death.	
	ting ca d cause r atten prior to	
	contributer regula	is mad
	if death ect or 4) Under was in the dec	position
RTANT	the dir kind; (death nce on	final dis
IMPO	or his as Also, if e of any nounced	med or
FUNERAL DIRECTOR: IMPORTANT	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the	written approval must be obtained before the remains are embalmed or final disposition is made.
DIRE	dical exc ical exc ins; (3) / ician w	adine dr
NERAL	hief mediody buryshe phys	the ren
FG	oy the claim by re; (2) B where the No phy	hafora
	proved the hosp ny natu except and (6)	photoinec
	st be ap used to ent of a spital (death);	nust be
	as relected as at a horizor to a	Proval m
	body wws: (1) Aws: (1) Ar. D.O.A.	tten abr
	This the showas was	1

(150) 60-10	BALTIMORE CITY	HEALTH DEPARTMENT		
00-10	077 CERTIFICA	TE OF DEATH	REG. NO.	68-10077
BIRTH NO. 1, NAME OF DECEASED			HOUR OF DEATH	
(Type or Print)	101016			10 1 4 5 0
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRO	NOUNCED DEAD	4. USUAL RESIDENCE (Where	deceased lived. If inst	108 4:50 P.M.
FULL NAME OF (IF NOT IN HOSPITAL OR IN HOSPITAL OR IN ADDRESS OR LOCATION)	STITUTION, GIVE STREET	Maryland, E. CITY OR TOWN	Bal D. INSID	E CITY LIMITS?
Maryland Genera	a Hospital	E. STREET AND NUMBER	Mont A	ve 16
SEX 6. RACE 7. MARR	IED NEVER MARRIED	8. DATE OF BIRTH 9.	AGE (In years	If Under 1 Yr. If Under 24 Hrs.
FEMALE WIDOV	VED DIVORCEDXX		78	Months Doys Hours Min.
done during most of working life, even if retired)	OF BOSHIESS OR HADOSIKI	TI. BIKITHTEACE (Stole of loseign	country)	12. CHIZEN OF WHAT COUNTRY
SEAMSTRESS 13. FATHER'S NAME	CLOTHING	14. MOTHER'S MAIDEN NAME	a	U.S.A.
5 1		** * * * * * * * * * * * * * * * * * * *		
5, Was Deceased Ever in U. S. Armed Folces? Yes, no or unknown) (If yes, give wor or doles of servi	16. SOCIAL SECURITY NO.	FANNY 17. INFORMANT	?	ADDRESS
NO	2I6 OI 994	A UD LIDEAT DA	20TU 2707 T	212/27210 20 44
18. 4 10 9	CAUSE OF DEATH	1,116 1 (1910) (2) (1) 1 1 00	SSEN. 3707 I	
DISEASE OR CONDITION DIRECTLY		evicardium, c	cardiae tampon	BETWEEN ONSET AND DEATH
LEADING TO DEATH	(A)IMMEDIATE CAU	a detaile	The state of	A avara (No
(This does not mean the mode of dying, heart failure, asthenia, etc. It means the dise	P.g., DILETO OR AS	CONFOUENCE OF	- 1 +	A TO THE STATE OF
injury or complication which caused deoth.)	Physicano	ial infanct,	¿ ruptur	5-7 days
ANTECEDENT CAUSES		Q ITA N	E07	
DISEASES OR CONDITIONS, if ony, give	ing DUE TO, OR AS	A CONSEQUENCE OF:	/	
rise to the abave cause (A) stating UNDERLYING CONDITION last.	the Asia	comary the	11/25/2	
7.5	(C)			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMIND DISEASE OR CONDITION GIVEN IN PART 1 (A).				
19A. DATE OF OPERATION 19B. CONDITION F. WAS PERFORMED	OR WHICH OPERATION	20A. AUTOPSY? (Yes or No)	20 B. IF YES, WERE FIN	NDINGS CONSIDERED SES OF DEATH?
U 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	21B. PLACE OF INJURY (e.g., it home, form, foctory, street, of etc.)	or about 21C. WHERE DID ince bidg., INJURY OCCUR?	(If in Boltimore	City, give exoct locotion)
21D. TIME (Month) (Doy) (Yeor) (Hour)	21E. INJURY OCCURRED	21F. HOW DID INJUR	Y OCCUR?	
(APPROX.)	While At Not While Work At Work			
22. I certify that (I) (this hospital) ottende			68 10 Octob	or 1.51 19 68
that (1) (we) last sow the deceased alive		AL.		on death occurred on the dat
			ın(my) (our) apini	on death accurred on the dat
and haur and fram the couses stated obave	e. (I) (We) (did) (did not) v	iew the body ofter deoth.		
23A. SIGNATURE	, de	alta em es		3B. DATE SIGNED
milheel ?	DEGREE	nding Med. Sh Director Ph	off ys.	10/1/68
23C. PHYSICIAN'S NAME (Type)	[2	3D. ADDRESS		
Michael Yen			MG-1-	
24A. BURIAL CREMATION, 24B. DATE 240	DEGREE C. NAME of CEMETERY OF CRE	MATORY 24D, LOC	ATION (City,	town, or county) (Stote)
BURIAL 103-68 BM	IAT TACAR	77. 4	I TTUOPE	
	IAI JACOB	25C. FUNERAL DIRECTOR	LTIMORE, MA	ARY LAND ADDRESS
0014 7000 1000	6087 Dr 0	ern erra a	PDAC (A1A	
'S 150-REV. 1/1/68	TO CARTANAMA	Span relinoning	DKUS.,0010	REISTERSTOWN ROAD
> 100a KEV 1/1/68				

	68-10078 BALTIMORE CITY HEALTH DEPARTMENT BEGING 68-10078
FY	BIRTH NO. CERTIFICATE OF DEATH REG. NO. 08 10078
	T. NAME OF DECEASED Inna Mann Spandauer October 2, 68 10A M.
	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceased lived. It institution: residence before admission) A. STATE 8. COUNTY NOTINE HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) INSTITUTION C. CHY OR TOWN D INSTITUTION
ė.	00 2304 W. Rogers Cheme Battinge VES NO DE E. STREET AND NUMBER 230 4 W. Rogers Chemie
is made.	5. SEX 6. RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE In years If Under 1 Yr. If Under 24 Hrs. Manths Days Hours Min. Manths Days Hours Min. Min.
disposition	10A. USUAL OCCUPATION (Give kind of work) 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? 13. FAZHER'S NAME 14. MOTHER'S MAIDEN NAME
	Jacob Mann Bertha Seligman 15. Was Deceased Ever in U. S. Armed Forces? 16. SOCIAL 17. INFORMANT ADDRESS OF A
final	(Yes, no or unknown) (If yes, give wor or dates of service) SECURITY NO. Dertha Rose Moveter 2304 W-Rogus APPROXIMATE INTEXAL
med or	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A)IMMEDIATE CAUSE GLUELLELE GLUELLEL GLUELLE GLUELLEL GLUELLEL GLUELLEL GLUELLEL GLUELLEL GLUELLEL GLUELLE GLUELLEL GLUELLE GLUELLEL GLUELLEL GLUELLEL GLUELLEL GLUELLE GL
mbaln	This does not mean the mode of dying, e.g., heori foilure, osthenio, etc. It meons the disease, injury or complication which coused deoth.)
s are e	DISEASES OR CONDITIONS, if any, giving rise to the obave cause (A) stating the UNDERLYING CONDITION last. (8) DUE TO, OR AS A CONSEQUENCE OF: (C)
remains	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).
e the	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
before	21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID home, form, factory, street, office bldg., INJURY OCCUR? DEATH (notify medical examine) 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID home, form, factory, street, office bldg., INJURY OCCUR?
btained	21D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED OF INJURY (APPROX.) While At Not While At Work
be obt	22. 1 certify that (1) (this haspital) attended the deceased from 1963 to 1964, that (1) (we) lost sow the deceased alive on 1968 and that in (my) (our) opinion death occurred an the date
must	and hour and from the couses stoted obove. (1) (We) (did) (did not) view the body ofter deoth. 23A. SIGNATURE Attending Med. Shaff Director Phys. Columbia Colu
approval	230. PAYSICIAN'S NAME (TYPE) EONDAD WALLENSTEIN 848 W. 36 GAT BACTO 21211 DEGREE DEGREE WAS DEGREE AND DEGREE MAD
written a	24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CREMATORY 24D LOCATION (City, town, or county) (State) 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CREMATORY 24D LOCATION (City, town, or county) 25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR A ADDRESS
W	25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAD LOWER DIRECTOR PULS THE GOLD RELEASE. PLANTER PULS THE GOLD RELEASE. PLANTER PULS THE PULS T

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VS 150-REV. 1/1/68

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a hospital and

00 100	BALTIMORE CITY	HEALTH DEPARTMENT	68-40070
68-10	CERTIFICA	TE OF DEATH	EG. NO. 68-10079
NAME OF DECEASED		2. DATE AND HOUR	OF DEATH
Type or Print) / 1 //			
CUITIAM XXXXXXXXX		USUAL RESIDENCE (Where decease	
PLACE IN BALTIMORE, MARYLAND, WHERE PRO	NOUNCED DEAD	A. STATE B. COUNTY	d lived. If institution: residence before admission)
ULL NAME OF (IF NOT IN HOSPITAL OR IN	STITUTION, GIVE STREET	MA BOLTH	nou 21217
OSPITAL OR ADDRESS OR LOCATION)	/	C. CITY OR TOWN	D. INSIDE CHY LIMITS?
8 MARYLAND Genera	2//2000	BALTIMORE	NES X NO
8 /YIARYIAND STNURG	a pospirm	E. STREET AND NUMBER	
		3630 PARK	LUGATS Wexue
SEX 6. RACE 7. MARR	ED NEVER MARRIED	B. DATE OF BIRTH 9. AGE (I	n yeors If Under 1 Yr. , If Under 24 Hrs.
MALE WHITE WIDOW		9-10-93 lost birthd	Months Doys Hours Min.
A. USUAL OCCUPATION (Give kind of work 10B. KIND		, , , , , , , , , , , , , , , , , , , ,	
one during most of working life, even if retired)		The state of the s	c 415A
BR OKER RE	AL ESTATE	WINSTON SALEM, N.	C. USA
FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
ELI ROBISON		JENNIE FORMAN	
. Was Deceased Ever in U. S. Armed Forces?	1 6. SOCIAL	17. INFORMANT	ADDRESS
es, no or unknown) (If yes, give wor or dotes of service	security No.		
NO	21.1-14-424	MR. ELLIOTT ROBINSO	N, 2024 SUMMIT AVE. #21:
18. 433,91	CAUSE OF DEAT	н	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY			
LEADING TO DEATH	(A) IMMEDIATE CAL	ISE DEDTICENY	a Buks
(This does not mean the made of dying, heart failure, asthenia, etc. It means the disea	DUE TO, OR AS	A CONSEQUENCE OF:	aban and Vinea anno anno anno anno anno anno anno a
injury ar camplication which coused death.)			-
ANTECEDENT CAUSES		COCHODITION	1046
DISEASES OR CONDITIONS, if any, give	ing DUE TO, OR AS	A CONSEQUENCE OF	
rise to the above couse (A) stating		and an allower	10 (TA) 701
UNDERLYING CONDITION lost.	(c)	MCXLXXX CXXXXXX	De Contract
332X II	Jucie	11/1/2020	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMIN			
DISEASE OR CONDITION GIVEN IN PART 1 (A).		1004	
19A. DATE OF OPERATION 19B. CONDITION FO	OR WHICH OPERATION	20A. AUTOPSY? (Yes or No.) 20B. IF	YES, WERE FINDINGS CONSIDERED TIFYING CAUSES OF DEATH?
		NO	
OR CONTRIBUTING CAUSE OF	21B. PLACE OF INJURY (e.g., i home, form, foctory, street, of	fice bldg., INJURY OCCUR?	If in Boltimore City, give exact location)
DEATH (notify medical examiner)	etc.)		
21 D. TIME (Month) (Doy) (Year) (Hour)	21 E. INJURY OCCURRED	21F. HOW DID INJURY OCC	UR?
21D. TIME (Month) (Doy) (Yeor) (Hour) OF INJURY (APPROX.)	While At Not While	e 📉	
(ATTROX)	Work At Work		
22. I certify that (N (this hospital) attended	ed the deceased fram X	-20 19.68	to OCT / 1968
that (1) (we) lost sow the deceased alive	on OCTI	196_&ond that in (my) (our) opinian deoth occurred on the dat
and hour and from the causes stated above	e. (K) (We) (did) (did hat) v	iew the body after death.	
22A, SIGNATURE	1.10	, , , , , , , , , , , , , , , , , , , ,	23B, DATE SIGNED
(V-20)		ending Med. Staff Phys.	00,000
Caron rel 1/08	OEGREE Phy		CG1,1760
23-G. PHYSICIAN'S NAME (Type)	- (Mo	23D. ADDRESS	11 -00
1 ("NOOL LST. 170	SEL DEGREE	- Ulvindance	JOSUSUM MODE
4A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify)	NAME of CEMETERY of CRI	MATORY 24D, LOCATION	(City, town, or county) (State)
Dimenti	WEL CHILDU	(2	March Comment
	HEL SHALOM	25C FUNERAL DIRECTOR	ADDRESS
067 4 198x 102 11	DOG FAIL MA		
	CARAGONIA A SOUR ALL AND	- CAP LEUTHICAN & RDAS	MILLI KEINTEKNIUW KUI

REISTERSTOWN ROAD

6010



BALTIMORE CITY HEALTH DEPARTMENT

VS 150-REV. 1/1/6B

NO

Hours

APPROXIMATE INTERVAL

BETWEEN ONSET AND DEATH

ADDRESS

Under

IMPORTANT

DIRECTOR:

FUNERAL

Keepara 101 Hermands OF Horney

68-10081 BALTIMORE CITY HEALTH DEPARTMENT MEDICAL EXAMINER'S CERTIFICATE OF DEATH BEG NO. 8-10081

BIRTH NO.	74122	TOAL L	AAMII YER O	J	O/ (IL O)	D L/ (111	REG. NO) O J.	Anor	
1. NAME OF DEC	EASED	Е.		2. DATE	Knawn	Month	Doy	Year	Hour	
(Type or Print)	HARVE	OF DEATH	Estimated	October	3, 1	1968		М.		
4. PLACE IN BALT	IMORE, MARYLAND, V	WHERE PRON	OUNCED DEAD	3. DATE		Month	Doy	Yeor	Hour	**1.
FULL NAME OF	(IF NOT IN HOSPIT	PRONO	UNCED DEAD	October	3 1	1968	1:15	Α		
HOSPITAL OR INSTITUTION	ADDRESS OR LOCA	5 IISTIAL P	ESIDENCE (Where							
		**	7 (704)	A. STATE		B. C	COUNTY			,
	ion Memorial				Maryland		MATERIAL CO.	CIMPINALIZA	2	
6. SEX	7. RACE		NEVER MARRIED	C. CITY OR			MAZINE C	CHT DWITS	10	
Male	Negro	WIDOWED	DIVORCED		Baltimor	é	1	YES	NO	
9. DATE OF BIRTH	1 10. AGE (In years If U	nder 1 Yr. If Under 24 Hrs. ths, Days, Haurs, Min.	E. STREET	AND NUMBER					
12-23-	1918 1051 19				809 Rich	wood Ave	nue			
11. BIRTHPLACE (S	tote or foreign cauntry)		CITIZEN OF	13. FATHER	'S NAME					
LUNENBUR	G CO., VA.	· · · · · ·	WHAT COUNTRY?	CHA	RLES HUR	T				
14A.USUAL OCCU	PATION (Give kind of work	14B. KIND OF	BUSINESS OR INDUSTR	15. MOTHE	R'S MAIDEN NA	ME				
Labore	arking life, even if retired)	Beth	-Steel	T.T.	LLIAN HU	RT				
	ED EVER IN U.S. ARME (If yes, give war ar dates		17. SOCIAL	18. INFOR			-	ADDRESS		
(Yes, na or unknawn)	(If yes, give war ar dates	af service)	SECURITY NO.	6 Mrg	. Naomi	Hurt	800	9 Ric	hwood	Ave.
119 - 0	- 69		CAUSE OF DEA		. 110.0111.5	14000	00		APPROXIMATE IN	TERVAL
E8	1540						. 1		TWEEN ONSET A	ND DEATH
	OR CONDITION DIR	ECTLY	Massi	ve crus	shing inju	ries of	thora	ax		
	LEADING TO DEATH	vina a a	(A)IMMEDIATE		NIENIOE OF					
heart foilure,	ot mean the mode of d osthenio, etc. It means th	e disease,	DUE TO, OR	AS A CONSEC	QUENCE OF:					
injury or com	aplication which caused de	om.)								
1A	NTECEDENT CAUSES		(B)							
	OR CONDITIONS, IF AN		DUE TO, OR	AS A CONSE	QUENCE OF:					
	ABOVE CAUSE (A) STA	AIING IHE	(c)							
O F G I S			(C)							
1 - 5 / Y	IFICANT CONDITIONS	ONTRIBUTING				}				
O THE DEA	TH BUT NOT RELATED TO	O THE TERMINAL								
In Landson			WHICH OPERATION W	AS PERFOR!	MED			21. AU1	OPSY? (Yes o	r No)
8									Voc	
₹ 22A. EXTER	NAL CAUSE WAS	122B.	PLACE OF INJURY(e.g.	in or about	22C. WHERE DID	(If in Boltimare C	ity, give e	exact lacation	Yes_	
4.5	OR CONTRIB-	hom	PLACE OF INJURY (e.g. e, farm, factory, street, offi	ce bldg., etc.)	NJURY OCCUR?	1001		D = 0.000	27-	10
	USE OF DEATH.) (1)	street		York Road		10 11	beaum	OIIL	
OF INJURY	(Manth) (Doy) (Ye		WHILE AT NO	WHILE X						У.
(APPROX.) 1	0-3-68 12:5		WORK AT	VORK X	Driver i	n auto-f	ixed	objec	t colli	sion
23.		. \Box		(रहे						
cert	ify that I held an			tapsy X	and that an t	his basis, de	ath in m	y apinian		
resul	ted fram: Natural ca	uses	ccident X Suici			Undetermined	_			
	MA	0	1 -1		CHIEF MEDICAL	EXAMINER			DATE SIGN	NED
ACTUAL	I W A	10.0	Land MI	ASS	ISTANT MEDICAL	EXAMINER X	İ		DAIL SIOI	100
SIGNAT		S. Spri	ngate, M.D.	ASS	OCIATE MEDICAL	EXAMINER _	0	ctober	3, 196	8
NAME (1										
24A. BURIAL CRE		2	4C. NAME of CEMETERY	or CREMAT	ORY 24D.	LOCATION	(City, ta	wn, or caun	ty) (Sta	te)
REMOVAL (Special	10-7	7-68	Carver Mer	norial	Park	Laure!	1,		Maryla	and
	BY HEALTH DEPT.		E OF REGISTRAR	25 C.	FUNERAL DIRECT	OR		ADDRESS		
1	10T 4 19hk	100	6 8 10 mm	2 117	RION OF I	SITT F	.н.	1701	Laurer	is S'
VS 151-REV, 1/1/68	1300		CA CAROLINA IN							
13 131-KEV, 1/1/00	110 G	0,0								

THE STATE OF THE S

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68-10083 BALTIMORE CITY HEALTH DEPARTMENT

				-		KAMINER'S			DEAT	H REG. NO.	68	8-10083
1. [NAME OF DE	4	Λ L	EROY]	LAWS	2. DATE OF	Knawn 🗴	Manth	mber 21,	Year 1968	9:05 P. M.
4		(Uhyk/h/o/w/h	**	HEDE D	PONC	DUNCED DEAD	3. DATE	Estimoted	Month	Day	Year	Hour
FUL	L NAME OF	(IF NOT		LORINS		ON, GIVE STREET	PRONC	UNCED DEAD	Septe	mber 21,	1968	9:05 P. M
OR A	Mar	cyland G	General	L Hos	pit	a1	A. STATE	RESIDENCE (Whe		B. COUNTAGE	residence	befare admission)
6.	SEX	7. RACE				NEVER MARRIED	C. CITY O	RTOWN		D. INSIDE CH	Y'LIMITS?	
1	Male	Neg	gro	WIDO	WED [DIVORCED [Baltimor	:e	YE	s 🔀	NO 🗌
9. [OATE OF BIRT	rĤ	10. AGE (Ir last birthda			nder 1 Yr. If Under 24 Hrs. ths, Days , Hours , Min.	E. STREET	AND NUMBER 1647 Mil	1man C	ourt	63	
11.	BIRTHPLACE (State or fareig				NHAT COUNTRY?	13. FATHER					
14A don	.USUAL OCCU	JPATION (Give	kind of wark	148. KIN	D OF	BUSINESS OR INDUSTR						
16.	WAS DECEAS s, no or unknown	SED EVER IN I	U.S. ARMED	FORCE of service	S? e)	17. SOCIAL SECURITY NO. 223-26-891	18. INFOR	MANT IEN Dayes	554		DRESS	S-L
	19. 5	14.1)			CAUSE OF DEA		CF (27/5)		74-100		APPROXIMATE INTERVAL WEEN ONSET AND DEATH
	DISEAS	SE OR CONDI		CTLY			C	erebro-cr	anial ·	niuries		
	(This daes	not mean the	mode of dy	ing, e.g.,		(A)IMMEDIATE O	AS A CONSE		GIIIGI .			
	heort failure injury ar co	e, asthenia, etc. mplication whic	It meons the h coused dec	disease, oth.)								
z	DISEASES RISE TO TH	OR CONDITIONS OF CONDITIONS CONDITIONS	DNS, IF ANY	I, GIVING	Ē	(B)(DUE TO, OR	AS A CONS	EQUENCE OF:				
CERTIFICATION	TO THE DE	NIFICANT CON ATH BUT NOT R CONDITION	RELATED TO	THE TERM	MINAL							
ERTI						WHICH OPERATION W	AS PERFOR	MED			21. AUT	OPSY? (Yes ar Na)
ū	3 9-4-	-68	Head	d in	juri	ies						Yes
MEDICAL	UNDERLYIN	RNAL CAUSE G OF CON AUSE OF DEA	TRIB-	r) (Ha	home	PLACE OF INJURY (e.g., e, farm, factory, street, affi STREET 2E.INJURY OCCURRED	ce bldg., etc.)	22C. WHERE DID INJURY OCCUR? West of H 22F. HOW DID I	North	Avenue T	3ridg	e/2-65
	OF INJURY (APPROX.)	9-4-68		0 P.	·		T WHILE NORK	Pedestri			ıto	
		tify that I h					utopsy X	ond that on	this basis	, deoth in my	opinion	
	resu	Ited from: N	oturol cou	ses 🔲	A	ccident X Suici	de 📙 🗎	lomicide 🔲		ined monner	٦	
	ACTUA SIGNA	1 /-	un	2	2	In gate	U.	CHIEF MEDICA	L EXAMINER			DATE SIGNED
	EXAMIN NAME	1.1	harles	S. :		ingate, M.D.		OCIATE MEDICA				er 22, 1968
	A. BURIAL CRE MOVAL (Spec Burial)		4B. DATE	-8-	24	M. Calvey	Cem	. 4		Arunde	10	2 1 - 1
25	A. DATE REC'I	BY HEALTH I	DEPT.	25B. I	NAME	OF REGISTRAR	25C	FUNERAL DIRECT	CTOR	928 A	DDRESS	Jorth Ar
VS	151-REV. 1/1/6	58 // 83	54	X	7	**						

VS 150-REV. 1/1/6B

4/8/69 - Correction form from funeral director.

m-260

68-10085 BALTIMORE CITY HEALTH DEPARTMENT

68-	10085
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DIDTU NO		MEDI	CALE	AMINER 3	EKIII	ICATE OF	DEATH	REG. NO.			
BIRTH NO.	PEASED				2. DATE	Known 🗴	Month	Doy	Yeor	Hour	
(Type or Print) JOSEPH MEAGHER					OF	Estimated	October		968		
4. PLACE IN BAI	TIMORE, MARYL	AND. WH	FRE PRONC	UNCED DEAD	3. DATE		Monih	Doy	Yeor	Hour	М.
FULL NAME OF						UNCED DEAD					A
HOSPITAL OR INSTITUTION	ADDRESS C	OR LOCATIO)N)	ON, GIVE STREET	5. USUAL A. STATE	RESIDENCE (When				7:05 before admiss	
Joh	ns Hopkin	ns Hos	pital	(DOA)	A. SIATE	Maryland	D, V	COUNTY		college.	
6. SEX	7. RACE	8.	MARRIED	NEVER MARRIED	C. CITY O	RTOWN	D.	IN SIDE O	TY LIMITS?	OR	
Male	Whit	te v	VIDOWED	DIVORCED		Baltimore		-	X	No L	
9. DATE OF BIRT		AGE (In ye	eors If Ur	nder 1 Yr. If Under 24 Hrs. hs, Days, Hours, Min.	E. STREET	AND NUMBER					
1/20/15	#15 #15	53				210 S. Ha	ven Stre	et			
11. BIRTHPLACE	State or foreigh co	ountry)		STIZEN OF	13. FATHE	R'S NAME					
Baltimor	re, Md.			VHAT COUNTRY?		lliam Meag					
14A.USUAL OCCL	JPATION (Glve kine	d of work 146	B. KIND OF	BUSINESS OR INDUSTRY							
Labo				City	Cat	herine Wetz	zelberger				
16. WAS DECEAS	ED EVER IN U.S.	ARMED F	ORCES?	17. SOCIAL	18. INFO			_	DDRESS		
(Yes, no or unknow)	Will yes, give work	or doles of	ser vice)	212-03-8452	Mr	s. Gertgrude	Meagher	San	ne		
19.	2,41			CAUSE OF DEA	тн					PPROXIMATE INT	
DISEAS	E OR CONDITIO	N DIRECTI	LY	Arterios	clerot	ic cardiov	ascular	disea	se		
	LEADING TO DEATH (A)IMMEDIATE CAUSE										
heart failure	not mean the mode, asthenio, etc. It m	eons the di	sease,	DUE TO, OR A	S A CONSE	QUENCE OF:					
injury or co	mplicotion which co	oused death.	.)								
A	ANTECEDENT CAUSES (R)									****	
DISEASES	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE										
UNDERLYI	UNDERLYING CONDITION LAST.										
0 2/ 0 5), / 11										
O TO THE DE	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).										
20A. DATE O				WHICH OPERATION W	AS PERFOR	MED			21. AUTO	PSY? (Yes o	r No)
82										37	
₹ 22A. EXTER	NAL CAUSE WAS	S	22B.I	PLACE OF INJURY(e.g.,	In or obout	22C. WHERE DID	(If in Boltimore C	ity, give ex	oct locotion)	Yes	
UNDERLYING	GOR CONTRIB		home	, form, factory, street, offic	e bldg., etc.)	INJURY OCCUR?	1				
∑ 22D. TIME	(Month) (Day)	(Yeor)	(Hour) 2	ZE.INJURY OCCURRED		22F. HOW DID IN	JURY OCCUR?				
OF INJURY (APPROX.)		` '			WHILE						
23.			m. V	VORK AT W	ORK L			-			
	tify that I held	on Inq	ulry 🔲	Inspection Au	tapsy 🗓	and that on t	this basis, de	ath in my	opinion		
	ted fram: Natu		A X	ccident Suicio		lomicide	Undetermined	manner			
10301	~ 4	A	14 "	A solution		CHIEF MEDICAL					
ACTUAL	('()	As	1. ~	1	AS	SISTANT MEDICAL		-		DATE SIGN	IED
SIGNAT	4			M.D	•			1			
NAME (Type) Chai	rles S	. Spri	ngate, M.D.	ASS	OCIATE MEDICAL	EXAMINER	00	ctober	3, 196	58
24A. BURIAL CRE	MATION, 24B.	DATE	24	C. NAME of CEMETERY	ar CREMA	ORY 24D	LOCATION	(City, tow	n, or county) (Stat	e)
REMOVAL (Spec		7/68		Sacred Heart		Ba	Itimore, I	Marylo	ind		
25A. DATE REC'D				OF REGISTRAR	1250	FUNERAL DIRECT			ADDRESS		
LOA. DAIL REG D	DI HEALIN DEF		Ch /	v Toll Out		seph No Zo				a S	
13	ny 106	7.	7. 7. 2	TO TOPPORT	2 3	1.40 . A 5.	6.5				
VS 151-REV. 1/176	8										

Second design . S Dill

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68-10086 BALTIMORE CITY HEALTH DEPARTMENT

00-11:000	TENETH DELPARTMENT		0.0
MEDICAL EXAMINER'S	CERTIFICATE OF	DEATH REG NO	68-1008

BI	RTH NO.	MEI	DICAL	EXAMINER 5	LEKTIFI	CATE OF	DEAT	H REG. NO.	00-1	nap
1. NAME OF DECEASED					2. DATE	Known 🛣	Мопth	Doy	Year	Hour
(1)	pe or Print)	IRENE COM	II		OF DEATH	Estimoted	10	1	68	2:40 p M.
4.	PLACE IN BAL	TIMORE, MARYLAND,			3. DATE		Month	Doy	Yeor	Hour
	LL NAME OF	(IF NOT IN HOSPI	TAL OR INSTI	TUTION, GIVE STREET	PRONOI	INCED DEAD	Octo	per 1.	1968	2:40 p M
OF	INSTITUTION		,			SIDENCE (Where	dece osed liv	ed. If institution:		
	33 .To	hns Hopkins	Hosni	tal	A. STATE	Maryland		B. COUNTY		
6.	SEX	7. RACE		D NEVER MARRIED	C. CITY OR			D. INSIDE CIT	Y LAMITS?	A STATE OF THE PARTY OF THE PAR
	Female	White	WIDOWI		1-6					
9.	DATE OF BIRTH		(In years	If Under 1 Yr. If Under 24 Hrs.	Balto YES NO					
(7/25/21	lost birthd	47	Months, Doys, Hours, Min.	2	.1 0 11	1 A			
		tote or foreign country)		2. CITIZEN OF	13. FATHER	1 S. Elwa	ood Ave	2.	0	
	В	alto, Md.		J.S.A.						
144	USUAL OCCU	PATION (Give kind of wor		J.S.A. OF BUSINESS OR INDUSTR		Updegraft				
dor	eduring mo	OSEWITE if retired)	OF BUSHINESS ON HADUSTN		Lange	nc .			
16. (Ye	WAS DECEASE	D EVER IN U.S. ARME (If yes, give wor or dote	D FORCES?	17. SOCIAL SECURITY NO.	18. INFORA	ANT		AD	DRESS	
	No.	(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,	ozokii i ito.	Mr. Lo	ouis Comi				
	19.	3 X1		CAUSE OF DEA	TH					PROXIMATE INTERVAL
	DISEASI	OR CONDITION DIR	ECTLY						35,111	LEN CHOLI NIND DENIII
		EADING TO DEATH		(A)IMMEDIATE	TAILSE (Gunshot wo	und of	the he	ad	
	(This does no	ot meon the mode of constherio, etc. It meons the	lying, e.g.,	DUE TO, OR	AS A CONSEQ	UENCE OF:	Julia 01	Circ iic	44	
	Injury or com	plication which caused d	e oth.)			- 100				
н	44	ANYECEPENY CALICE								
	ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO, OR AS A CONSEQUENCE OF: DISEASE OF THE ADDRESS OF THE CONSEQUENCE OF:									
	RISE TO THE	ABOVE CAUSE (A) ST.	ATING THE							
Z				(c)						
Ě	TOTHER SICK	IFICANT CONDITIONS	CANTRIBUTU	NC		Carle -				
CERTIFICATION	TO THE DEA	TH BUT NOT RELATED TO	O THE TERMIN	IAL						
E		CONDITION GIVEN IN		OR WHICH OPERATION W	AS DEDECTA	ED			21 AUTO	PSY? (Yes or No)
SE	2	OLEMANO IT LOSS. CC	, INDINION I	OK WINCH OF EKAHOIV W	AS FERFORM	LD			ZI. AUTOI	7517 (165 01 NO)
	22A. FXTERI	MAL CALLER MAS	In	OR DI ACE OF INITIDAY.		OC MULEUS DID (YES
MEDICAL		NAL CAUSE WAS	h h	2B. PLACE OF INJURY(e.g., ome, form, foctory, street, offic	e bldg., etc.)	NURY OCCUR?	If in Boltimor	e City, give exoc	t location)	
哥	UTING CA	USE OF DEATH.		Above addre		Home) 34	1 S. H	Llwood A	ve.	
2	OF INJURY	Month) (Doy) (Ye	or) (Hour)	22E.INJURY OCCURRED	MAIII 2	2F. HOW DID IN	JURY OCCL	JR?		
n	(APPROX.)	10 1 68	2:00pm	NOT WHILE AT WORK	WHILE VORK	Subject	shot h	erself		
	23.	6 1 . 1 1 . 1 1								
			Inquiry		topsy	ond that on th	nis bosis,	deoth in my o	pinion	
	resulted from: Noturel couses Accident Suicide Homicide Undetermined monner									
	ACTUAL SA THE DATE SIGNED									
	SIGNATURE M.D. ASSISTANT MEDICAL EXAMINER XX									
	EXAMINE					CIATE MEDICAL E	XAMINER			
	NAME (T	LIM II MAL	F. Wils	son, M.D.				00	ct. 2,	1968
24 PF	A. BURIAL CREM MOVAL (Specif	ATION. 1248 DATE		24C. NAME of CEMETERY	or CREMATO	RY 24D. I	LOCATION	(City, town,		
0	arxixix B	urial 10/5/6	8	Gardens of Fait	h Cemet	ery Bo	ltimore	e, Marylo	and	
_		BY HEALTH DEPT.		ME OF REGISTRAR		UNERAL DIRECTO			DRESS	
		GGT 2 1968	00	458 8 A		eph No Za		263 S.		ng St.
		1000	Moz	D-0 0 1	210	10 8 -	5			
VS	151-REV. 1/1/6B	112 0 21	/ V							

. . .

EALTH DEPARTMENT	
E OF DEATH	68-10087
2. DATE AND HOUR OF DEATH OCT 2 //45	·
	Mion: residence before admission)
A, STATE B. COUNTY	
MARY LOW D. INSIDE	CID-MMITS?
BALTIMORE O YE	NO []
6/24 GUERBUL AV	ENUE
DATE OF BIRTH 9. AGE (In years	Under 1 Yr. If Under 24 Hrs.
1-20-83 83	
	2. CITIZEN OF WHAT COUNTRY?
MARGIBAD	4829
MOTHER'S MAIDEN NAME	
LIN ICAIONN	ADDRESS
day 1165	ADDRESS
craight 8	APPROXIMATE INTERVAL
	BETWEEN ONSET AND DEATH
APTERDUSCEPPOTIC C-V DUS	6715
CONSEQUENCE OF:	
CONSEQUENCE OF:	
Ogrene of 10/29	
9,000	
20A. AUTOPSY? (Yes o No) 20B. IF YES, WERE FINI	DINGS CONSIDERED
IN CERTIFYING CAUSE	S OF DEATH?
or about 21 C. WHERE DID (If in Baltimare C e bldg., INJURY OCCUR?	ity, give exact location)
21F. HOW DID INJURY OCCUR?	
oct / 168 10 Oc	2 1968,
19 Cand that in (my) (aur) apinia	n death accurred on the date
w the bady after death.	
23	B, DATE SIGNED
ling Med. Staff Director Phys.	Oct 2 - 68
D. ADDRESS HE UNION MEMOIAL J	HOSPITAL
ATORY 24D. LOCATION (City,	town, or county) (State)
A JE NO A	0
nelesy tellerton	mu
Les Mens 1200 Ha	ford Road

05/5-300 he 2

how while or he

THE BILL CAPATINE. THE HILLS WILLIST WITCH

as in sometimes

VS 150-REV. 1/1/6B

(Y) Neglec

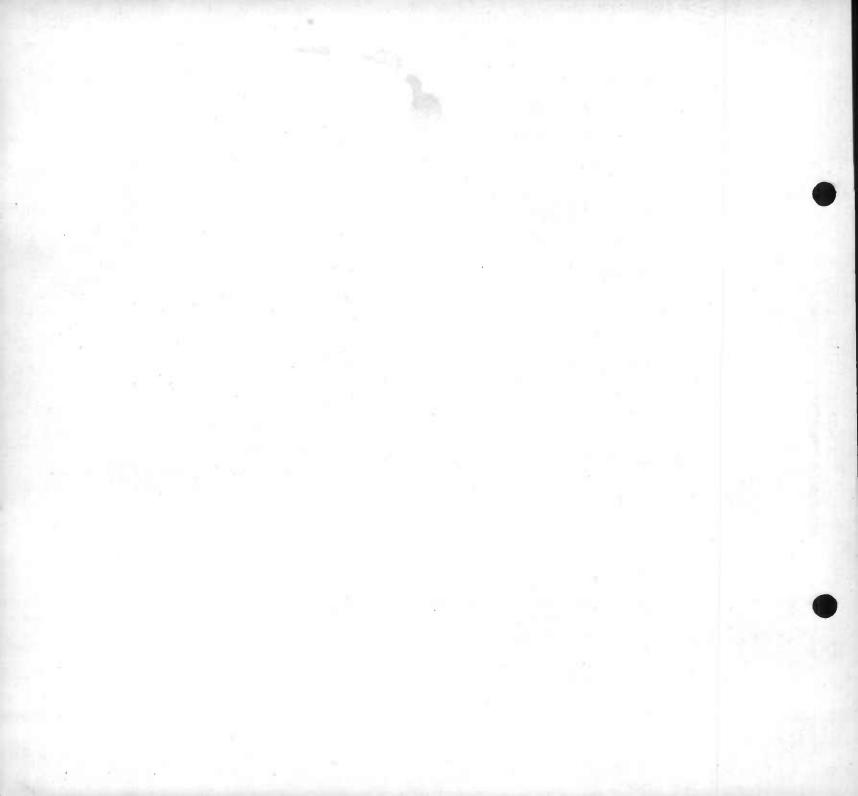
211-11- 56915

THE RESIDENCE WAS ASSESSED.

BART MARK

VS 150-REV. 1/1/68

E	60_4	BALTIMORE CITY	HEALTH DEPARTMENT	- Comment	00 40000			
7	00-1	0089 CERTIFICA	TE OF DEATH	REG. NO	68-10089			
	TH NO.		DATE AN	D HOUR OF DEATH				
	o or Print)	SCOTT			0011 11130			
2	JOSEPHINE			OBER 2 1	968 11:30 A.M. stitution; residence before admission)			
٥.	PLACE IN BALTIMORE, MARYLAND, WHERE PRO	DNOUNCED DEAD	A. STATE B. COUN		smonon, residence before agmission/			
FU	LL NAME OF (IF NOT IN HOSPITAL OR IN ADDRESS OR LOCATION)	STITUTION, GIVE STREET	MARYLA	DO				
HO	SPITAL OR ADDRESS OR LOCATION		C. CITY OR TOWN		CITY LIMITS?			
1.	C NORTH CHA	RLES GEN.	BALTIMO	RE !	YES NO			
17	7		E. STREET AND NUMBER	11	1			
		to SPITAL	402 PAY	21< 14 E 1 CH	ITS AVE.			
S. 5	6. RACE 7. MARI	NEVER MARRIED		9. AGE (In years last birthday)	If Under 1 Yr. If Under 24 Hrs. Months Days Hours Min.			
	T NEGRO WIDON	WED DIVORCED	12-08-91	76				
	. USUAL OCCUPATION (Give kind of work 10B. KIN	D OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or forei	gn country)	12. CITIZEN OF WHAT COUNTRY?			
dan	e during most of working life, even it retired)		V1-2.41		11 C X			
T2	FATHER'S NAME		14. MOTHER'S MAIDEN NAM	AE	VI. 3/4-			
	11	00	1 14	h /				
	JONE DN N	PSHAW	Julia	MACOO:				
1S.	Was Deceased Ever in U. S. Armed Farces? s, no or unknown) (If yes, give war or dates of serv	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS *			
	NO	32031111 110.	James Scott.	- husband	2 4021 Park Heigh			
-	18. / / 2 . /	CAUSE OF DEATI		11431140	APPROXIMATE INTERVAL			
П	DISEASE OR CONDITION DIRECTLY	-	Saper	with.	BETWEEN ONSET AND DEATH			
	LEADING TO DEATH	A NAMEDIATE CALL	Duk or vel	a nough	+ 3 cons?			
	(This does not mean the mode of dying,		A CONSEQUENCE OF:		4			
	heart failure, asthenia, etc. II means the dise	ose,) ne	un ha	and i			
	ANTECEDENT CAUSES		2 Tours	Vosal.				
		ving OUE TO, OR AS	A CONSEQUENCE OF					
	DISEASES OR CONDITIONS, if ony, gi	70	a dia 1/6	cular de	(10 *			
	UNDERLYING CONDITION lost.	(C)	000000		7			
	46221 11							
O	OTHER SIGNIFICANT CONDITIONS CONTRIBUTI							
ATI	TO THE DEATH BUT NOT RELATED TO THE TERMII DISEASE OR CONDITION GIVEN IN PART 1 (A).	NAL						
F.	19A. DATE OF OPERATION 198. CONDITION I	OR WHICH OPERATION	20 A. AUTOPSY? (Yes or No	20 B. IF YES, WERE F	INDINGS CONSIDERED			
ERTIFI	O WAS FERFORMED			IN CERTIFIED CAL	STES OF BEATH:			
Ç	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	21 B. PLACE OF INJURY (e.g., i		(If in Boltimore	City, give exact location)			
AL	DEATH (natify medical examiner)	etc.)	nee siago, into ext occor.					
ĕ	21D. TIME (Manth) (Day) (Year) (Haur)	21E. INJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?				
MEDI	(APPROX.)	While At Nat Whil			/			
E	(APPROX)	Work L At Wark	/ - /	18 18	1			
	22. I certify that (I) (this haspital) attended the deceased from 1968 to 1968,							
	that (1) (we) last saw the deceased alive	an /0/2	19 G Zand th	at in (my) (aur) apir	nian death accurred an the date			
1	and have and from the sauses stated above	e. (1) (We) (did) (did nat) v	iew the bady after death.	/				
	23A. SIGNATURE				23 B. DATE SIGNED			
	and our for		nding Med.	Shoff	10-2-68			
	23C. PHYSICIAN'S	DEGREE Phy	s. Director	Phys.	2-60			
	NAME (Type)			10.0				
	ASUNCION PALA	DEGREE		irles Ge	u. Hosp.			
24	A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify)	C. NAME of CEMETERY OF CRE			ty, tawn, or caunty) (State)			
	Burial 10/6/68	CAver Memorial I	Park	aurel, Mary	land			
		ME OF REGISTRAR	250 TUNEAL DIRECTOR		ADDRESS			
1	9C1 4 1968 (A.)	D. 15 9 Fro D. 110	fine V		. North Ave.			
	ULA	THE RESERVE OF THE PARTY OF THE						



	GR-40000 BALTIMORE CITY HEALTH DEPARTMENT	00
	68-10090 CERTIFICATE OF DEATH	30
	BIRTH NO. 1, NAME OF DECEASED 2, DATE AND HOUR OF DEATH	
	Type or Print) Charles Shell 9/30/68 16	200
3.	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceosed lived. If institution: residence A. STATE B. COUNTY	e before odmission)
-	0.50	
H	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION) C. CITY OR TOWN D. INSIDE CITY LIMITS?	Alle The second
4	Ball	NO
4	E. STREET AND NUMBER	
	392 Benne BONN FRAM	g.
5.	6. SEX 6. RACE 7. MARRIED NEVER MARRIED 18. DATE OF BIRTH 9. AGE (In years If Under 1 Yr.	If Under 24 Hrs. Hours Min.
	Male Were WIDOWED DIVORCED P(18)11 ST	
	10A, USUAL OCCUPATION (Sive kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF Lawrence	F WHAT COUNTRY?
	Truck Driver United Iron Metal South Caroling USA	Mayor
13.	3. FATHER'S NAME 14. MOTHER'S MAIDEN NAME	
	Willie Shell Carrie Fletchef	
15.	S. Was Deceased Ever in U. S. Armed Forces? 16. SOCIAL 17. INFORMANT ADDR	RESS
(Y e	Yes, no or unknown) (If yes, give wor or dates of service) SECURITY NO.	
	NO ,	
	BETWEEN	OXIMATE INTERVAL N ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	-1
	(This does not mean the made of dying, e.g.,	0
	hearl failure, asthenia, etc. It means the disease, injury or complication which caused death.)	
	- al	mor
	DISEASES OR CONDITIONS, if any, giving DUE TO, OR AS A CONSEQUENCE OF:	
	rise to the above cause (A) stating the UNDERLYING CONDITION last.	
	UNDERCTING CONDITION (C)	
Z	OTHER SIGNIPICANT CONDITIONS CONTRIBUTING	
15	TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	
U	U 19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION 120A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONS	IDERED
ERTI	ED-er 61 rectal ca No	
U	U 21 A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or about 21 C. WHERE DID home, form, factory, street, office bldg., INJURY OCCUR?	lacation)
	DEATH (notify medical examiner)	
ш	21D. TIME (Month) (Doy) (Yeor) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?	TES.
2	While At Work Work Work While At Work	
	22. I certify that (1) (this hospital) attended the decelosed from 9/3 1968 to 9/30	19 6
	that (1) (we) last saw the deceased alive an 19 ond that in (my) (our) epinion death occ	
	ond haur and from the causes stated above (1) (16) (did) (did) not) view the body after death.	oea an the dute
	23A. SIGNATURE	NED
	Alan Ican Attending Med. Shaff of of Back	2
		0
	NAME (Type)	
24	DEGREE OF FEW WALD DEGREE	4)
24	REMOVAL (Specify)	
0.0	Burial 10/5/68 Arbutus Memorial Park Baltimore Co. Marylan	
25	000 10 W W CQ Z M La 7 11 11 0 Z	DDRESS
10	nerbert E. Nutter-3035 W. North	Ave.
13	/S 1S0-REV. 1/1/6B	



C-155

68-10091 BALTIMORE CITY HEALTH DEPARTMENT

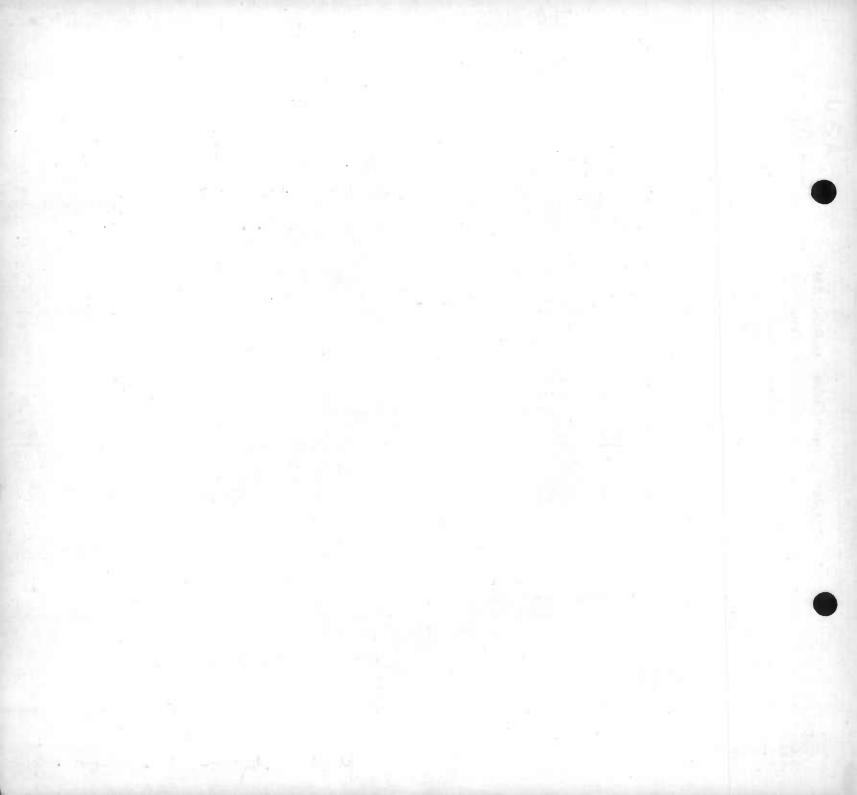
MEDICAL	EXAMINER'S	CERTIFICATE	OF	DEATH
MILDICAL	LVWIII 4FK 2	CENTILICATE		DEC NO

MEDICAL EXAMINER'S	CERTIFICATE OF DEATH REG. NO. 68-10091
I. NAME OF DECEASED	2. DATE Known Gr Month Day Year Hour
(Type or Print)	OF 5-timeted 7
ANN CHAPMAN 4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	DEATH CSTIMOTED 10 2 68 12:00p.M. 3. DATE Month Doy Yeor Hour
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET	PRONOUNCED DEAD
HOSPITAL ADDRESS OR LOCATION) OR INSTITUTION	October 2, 1968 12:00 am
111	5. USUAL RESIDENCE (Where deceosed lived. If institution: residence before odmission) A. STATE B. COUNTY
76 Lutheran Hospital	Maryland
6. SEX 7. RACE 8. MARRIED NEVER MARRIED	C. CITY OR TOWN D. INSIDE CITY LIMITS?
Female Colored WIDOWED DIVORCED	Balto. No D
9. DATE OF BIRTH 10. AGE (In years H Under 1 Yr. If Under 24 Hrs.	E. STREET AND NUMBER
July 28, 1933 lost birthdoy) Months, Doys, Hours, Min.	/OC N. Destine Gr
11. BIRTHPLACE(State or foreign country) 12. CITIZEN OF	406 N. Dennison St.
WHAT COUNTRY?	
Ahoske, North Carolina U.S.A 14A.USUAL OCCUPATION (Give kind of work) 148. KIND OF BUSINESS OR INDUSTRY	Zackaria Mooris
done during most of working life, even if retired	13. MOTHER 3 MAIDEN NAME
Detective Dept. Store	Alice Bazemore
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give wor or dotes of service) 17. SOCIAL SECURITY NO.	18. INFORMANT ADDRESS
No 215-30-1052	Mr. James W. Chatman 406 N. Denison St
19. CAUSE OF DEA	
DISEASE OR CONDITION DIRECTLY Spontage	eous intracerebral hemorrhage
LEADING TO DEATH	
(This does not mean the made of dying, e.g.,	AS A CONSEQUENCE OF:
heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	
ANTECEDENT CAUSES (8)	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE	AS A CONSEQUENCE OF:
I UNDERLYING CONDITION LAST.	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WA	
STHER SIGNIFICANT CONDITIONS CONTRIBUTING	
TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	
20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W	AS PERFORMED 21. AUTOPSY? (Yes or No)
5 2	
22A. EXTERNAL CAUSE WAS 22B. PLACE OF INJURY (e.g.,	in or obout 22C. WHERE DID (If in Boltimore City, give exact location)
O LINDERLYING CLOR CONTRIB	e bldg., etc.) INJURY OCCUR?
UTING CAUSE OF DEATH. 22D. TIME (Month) (Doy) (Yeor) (Hour) 22E.INJURY OCCURRED	1225 HOWEN INTURY OCCUPY
OF INTURY	22F. HOW DID INJURY OCCUR?
	WHILE O
23.	YT
I certify that I held an Inquiry Inspection Au	topsy and that an this basis, death in my opinian
resulted from Natura causes XX Accident Suicid	de Hamicide Undetermined manner
	CHIEF MEDICAL EXAMINER
ACTUAL SAVA TOUR	ASSISTANT MEDICAL EXAMINER
SIGNATURE	
EXAMINER'S NAME (Type) Edward F. Wilson, M.D.	ASSOCIATE MEDICAL EXAMINER October 2, 1968
24A, BURIAL CREMATION, 124B, DATE 24C, NAME of CEMETERY	
REMOVAL (Specify)	
Burial 10/4/68 Baltimore Nat:	
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR ADDRESS
West 1900 Classe Branchers	Merhart . Mutter 3035 W. North Ave
	/ 10 0 0 0

3 and the second of the second of the state of the state of the state of

IMPORTANT

FUNERAL DIRECTOR:



hospital

death

IMPORTANT

DIRECTOR:

FUNERAL

by

approved

VS 150-REV. 1/1/68

BALTIMORE CITY HEALTH DEPARTMENT

NO

Hours

APPROXIMATE INTERVAL

(Stote)

BETWEEN ONSET AND DEATH

U.S.A.

ADDRESS

If Under 24 Hrs.



IMPORTANT

DIRECTOR:

FUNERAL

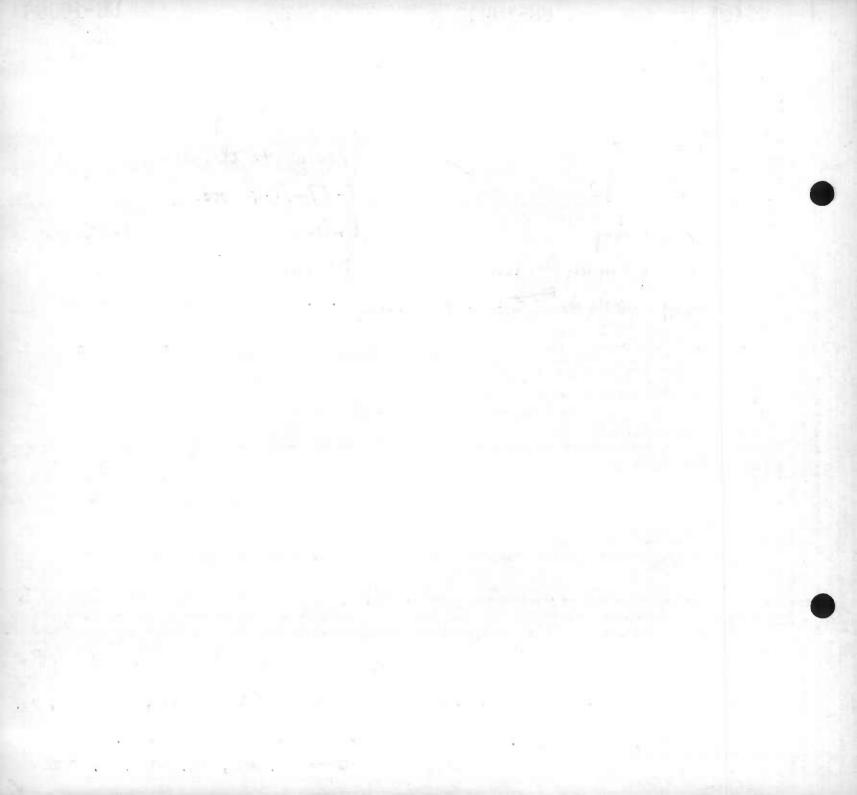
VS 150-REV, 1/1/68



VS 150-REV. 1/1/68

VS 150-REV. 1/1/68

DIDT	L-U-11	BALTIMORE CITY	HEALTH DEPARTMENT		68-10096
	68-10	CERTIFICA	TE OF DEATH	REG. NO.	00 10030
	H NO.		2, DATE AND HO	IIR OF DEATH	
	or Print)	1 23 1	2. DATE AND HO	- DEATH	1345 A
2 8	LACE IN BALTIMORE, MARYLAND, WHERE PRO	NOUNCEDIOSAD	4. USUAL RESIDENCE (Where dec	eased lived. If institution	\ \ \ \ \
3. P	LACE IN BALIMORS, MARIEAND, WHERE PRO	NO UN CED OFAD	A. STATE B. COUNTY	1 0	in tostoetice belove confission
FUL	L NAME OF (IF NOT IN HOSPITAL OR IN	STITUTION, GIVE STREET	Marn	13	-01
HO:	SPITAL OR ADDRESS OR LOCATION)		C. CITY OR TOWN	D. WISIDE OF	Y LIMITS?
	1)		Dallimore, Ma	A, YES	NO
11	Keswick		E. STREET AND NUMBER) ~	
/			100 W. 400	1,01.	
. St	6. RACE 7. MARR	HED NEVER MARRIED		E (In years If U	nder 1 Yr. If Under 24 Hrs hs: Doys Hours Min.
	I W WIDOW	VED DIVORCED	9-17-1919	CSC 110	10013
	USUAL OCCUPATION (Give kind of work 10 8, KINI	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign co	untry) 12, 0	TITIZEN OF WHAT COUNTR
done	during most of working life, even if retired)		0 1	. \	
	Mursing		D= MimoRe,	Nd	4.5.4.
3. F	ATHER'S NAME		14. MOTHER'S MAIDEN NAME		
	Lewen Emory Dooder	1	Minuis K J	0405	
5. W	Vas Deceased Ever in U. S. Armed Forces? no or unknown) (II yes, give wor or des of servi	16. SOCIAL	17. INFORMANT	0463	ADDRESS
Yes,		SECURITY NO.	Mr. G. Irving Pr	BECAM	(Same)
11	es (world war II - 1	1220-30-630		32201.	
	3310	an 1446 CAUSE OF DEATH	. 1		BETWEEN ONSET AND DEAT
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	Atreal	hardon's Char	eC&>	- I
		(A) IMMEDIATE CAU			3145
	(This does not mean the made of dying, heart foilure, osthenia, etc. It means the dise		A CONSEQUENCE OF:		,
	injury or complication which caused death.)				
	ANTECEDENT CAUSES	(2)			4 53
	DISEASES OR CONDITIONS, if ony, gi	ving DUE TO, OR AS	A CONSEQUENCE OF:	*************	
- 6	rise to the above couse (A) stating	Ihe			
	UNDERLYING CONDITION lost.	(C)			
-					
-	355 X II				
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTI				
ATIC	OTHER SIGNIFICANT CONDITIONS CONTRIBUTI TO THE DEATH BUT NOT RELATED TO THE TERMIN DISEASE OR CONDITION GIVEN IN PART 1 (A).	NAL			
ATIC	OTHER SIGNIFICANT CONDITIONS CONTRIBUTI TO THE DEATH BUT NOT RELATED TO THE TERMIN DISEASE OR CONDITION GIVEN IN PART 1 (A).		IN IN	IF YES, WERE FINDIN	GS CONSIDERED DE DEATH?
ERTIFICATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTI TO THE DEATH BUT NOT RELATED TO THE TERMIN DISEASE OR CONDITION GIVEN IN PART 1 (a). 19A-DATE OF OPERATION WAS PERFORMED	OR WHICH OPERATION	Yes	IF YES, WERE FINDIN CERTIFYING CAUSES C	GS CONSIDERED OF DEATH?
CERTIFICATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTI TO THE DEATH BUT NOT RELATED TO THE TERMIN DISEASE OR CONDITION GIVEN IN PART I (a), 19A. DATE OF OPERATION WAS PERFORMED 21 A. ACCIDENT WAS UNDERLYING	OR WHICH OPERATION	Yes IN	IF YES, WERE FINDIN CERTIFYING CAUSES C	OF DEATH?
AL CERTIFICATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTI TO THE DEATH BUT NOT RELATED TO THE TERMIN DISEASE OR CONDITION GIVEN IN PART 1 (a). 19A-DATE OF OPERATION WAS PERFORMED	OR WHICH OPERATION	Yes IN	CERTIFYING CAUSES C	OF DEATH?
DICAL CERTIFICATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTI TO THE DEATH BUT NOT RELATED TO THE TERMIN DISEASE OF CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION 19B. CONDITION F WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medicol exominer) 21D. TIME (Month) (Doy) (Yeor) (Hour)	OR WHICH OPERATION 218. PLACE OF INJURY (e.g., i home, form, foctory, steet, of	Yes IN	(If in Boltimore City,	OF DEATH?
MEDICAL CERTIFICATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTI TO THE DEATH BUT NOT RELATED TO THE TERMIN DISEASE OR CONDITION GIVEN IN PART 1 (A). 1974. DATE OF OPERATION 198. CONDITION F WAS PERFORMED 21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21 D. TIME (Month) (Day) (Year) (Hour) OF INJURY	OR WHICH OPERATION 218. PLACE OF INJURY (e.g., i home, form, foctory, steet, of etc.) 21E. INJURY OCCURRED While At Not Whill	Yes IN The property of the pro	(If in Boltimore City,	OF DEATH?
MEDICAL CERTIFICATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTI TO THE DEATH BUT NOT RELATED TO THE TERMIN DISEASE OF CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION 19B. CONDITION F WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medicol exominer) 21D. TIME (Month) (Doy) (Yeor) (Hour)	OR WHICH OPERATION 218 PLACE OF INJURY (e.g., inhome, form, foctory, street, of etc.) 21E. INJURY OCCURRED	Yes nor obout 21C. WHERE DID injury occur? 21F. HOW DID INJURY ((If in Boltimore City,	OF DEATH?
MEDICAL CERTIFICATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTI TO THE DEATH BUT NOT RELATED TO THE TERMIN DISEASE OR CONDITION GIVEN IN PART 1 (A). 1974. DATE OF OPERATION 198. CONDITION F WAS PERFORMED 21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21 D. TIME (Month) (Day) (Year) (Hour) OF INJURY	OR WHICH OPERATION 218. PLACE OF INJURY(e.g., in home, form, foctory, sheet, of etc.) 21E. INJURY OCCURRED While At Not While At Work	Yes nor obout 21C. WHERE DID injury occur? 21F. HOW DID INJURY ((If in Boltimore City,	OF DEATH?
MEDICAL CERTIFICATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING THE DEATH BUT NOT RELATED TO THE TERMIND DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION 198. CONDITION FWAS PERFORMED 21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 22 D. TIME (Month) (Day) (Year) (Hour) OF INJURY (APPROX.)	OR WHICH OPERATION 218. PLACE OF INJURY (e.g., in home, form, foctory, steet, of etc.) 21E. INJURY OCCURRED While A1	Yes The report 21C. WHERE DID fice bidg., INJURY OCCUR? 21F. HOW DID INJURY O	(If in Boltimore City,	give exact location)
MEDICAL CERTIFICATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTION ON THE DEATH BUT NOT RELATED TO THE TERMIN DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION 198. CONDITION F WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING AUSE OF DEATH (notify medical examiner) 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY (APPROX.) 22. I certify that (I) (This hospital) attend that (I) (we) lost sow the deceased olive	OR WHICH OPERATION 218. PLACE OF INJURY (e.g., in home, form, foctory, street, of etc.) 21E. INJURY OCCURED While At Not While At Work ed the deceosed from At work on Oct	Yes nor about 21C. WHERE DID fice bidg., INJURY OCCUR? 21F. HOW DID INJURY O	(If in Boltimore City,	give exact location)
MEDICAL CERTIFICATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTI TO THE DEATH BUT NOT RELATED TO THE TERMIN DISEASE OF CONDITION GIVEN IN PART I (a). 19A. DATE OF OPERATION 19B. CONDITION FWAS PERFORMED 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY (APPROX.) 22. I certify that (II (this hospital) attended that (II) (we) lost sow the deceased alive ond hour and from the causes stated above	OR WHICH OPERATION 218. PLACE OF INJURY (e.g., in home, form, foctory, street, of etc.) 21E. INJURY OCCURED While At Not While At Work ed the deceosed from At work on Oct	Yes nor about 21C. WHERE DID fice bidg., INJURY OCCUR? 21F. HOW DID INJURY O	(If in Boltimore City,	give exact location) 19 6
MEDICAL CERTIFICATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTION ON THE DEATH BUT NOT RELATED TO THE TERMIN DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION 198. CONDITION F WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING AUSE OF DEATH (notify medical examiner) 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY (APPROX.) 22. I certify that (I) (This hospital) attend that (I) (we) lost sow the deceased olive	OR WHICH OPERATION 218. PLACE OF INJURY (e.g., in home, form, foctory, sheet, of etc.) 21E. INJURY OCCURRED While At Not While At Work ed the deceosed from At Work e. (I) (We) (did) (did not) vectors.	Yes The or about 21C. WHERE DID fice bidg., INJURY OCCUR? 21F. HOW DID INJURY Of the bidg., Injury of the bidg., Injury of the bidg.	(If in Boltimore City,	give exoct location)
MEDICAL CERTIFICATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTI TO THE DEATH BUT NOT RELATED TO THE TERMIN DISEASE OF CONDITION GIVEN IN PART I (a). 19A. DATE OF OPERATION 19B. CONDITION FWAS PERFORMED 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY (APPROX.) 22. I certify that (II (this hospital) attended that (II) (we) lost sow the deceased alive ond hour and from the causes stated above	OR WHICH OPERATION 218. PLACE OF INJURY (e.g., into the content of the content o	Tes IN To a bout 21C. WHERE DID INJURY OCCUR? 21F. HOW DID INJURY Of the bidg. 19 ond that in iew the body ofter death.	(If in Boltimore City,	give exect location) 19 0 Second each occurred on the do
MEDICAL CERTIFICATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTION OTHE DEATH BUT NOT RELATED TO THE TERMIN DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION 198. CONDITION F WAS PERFORMED 21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING AUSE OF DEATH (notify medical examiner) 21 D. TIME (Month) (Day) (Year) (Hour) OF INJURY (APPROX.) 22. I certify that (II (this hospital) attend that (II (we) lost sow the deceased alive and hour and from the couses stated above 23A. SIGNATURE	OR WHICH OPERATION 218. PLACE OF INJURY(e.g., in home, form, foctory, sheet, of etc.) 21E. INJURY OCCURRED While A1 Not While A1 Work ed the deceosed from A1 Work e. (1) (We) (did) (did not) v	Tes To rebout 21C. WHERE DID fice bldg., INJURY OCCUR? 21F. HOW DID INJURY O 19 19 ond that in iew the body ofter death.	(If in Boltimore City,	give exect location) 19 0 Second each occurred on the do
MEDICAL CERTIFICATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTION THE DEATH BUT NOT RELATED TO THE TERMINED INSERTS OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION 198. CONDITION F WAS PERFORMED 21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 22 D. TIME (Month) (Day) (Year) (Hour) (APPROX.) 22. I certify that (II (this hospital) attended that (II (we) lost sow the deceased alive and hour and from the causes stated above 22 A. SIGNATURE	OR WHICH OPERATION 218. PLACE OF INJURY (e.g., in home, form, foctory, street, of etc.) 21E. INJURY OCCURRED While At Not While At Work ed the deceosed from At Work on October Attended to the deceosed from Atten	Tes The or about 21C. WHERE DID fice bidg., INJURY OCCUR? 21F. HOW DID INJURY Of the bidge of	(If in Boltimore City, OCCUR? (my) (our) opinion d	give exect location) 19.65 eoth occurred on the do
MEDICAL CERTIFICATIO	OTHER SIGNIFICANT CONDITIONS CONTRIBUTION ON THE DEATH BUT NOT RELATED TO THE TERMIN DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION 198. CONDITION F WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medicol exominer) 21D. TIME (Month) (Doy) (Year) (Hour) OF INJURY (APPROX.) 22. I certify that (II (this hospital) attend that (II (we) lost sow the deceased alive and hour and from the couses stated above 23A. SIGNATURE 23C. PHYSICIAN'S NAME (Type) Aubrey D. Richardso	OR WHICH OPERATION 218. PLACE OF INJURY (e.g., in home, form, foctory, sheet, of etc.) 21E. INJURY OCCURRED While At Not While At Work ed the deceosed from At Work on A Degree Physical Ph	Tes To or about 21C. WHERE DID fice bidg., INJURY OCCUR? 21F. HOW DID INJURY Of the bidg. 19 ond that in iew the body ofter death. 23D. ADDRESS 700 West Fortiet	(If in Boltimore City, CCCUR? (my) (our) opinion of	give exect location) 19 6 8 eoth occurred on the do DATE SIGNED OCT 196 8 Baltimore, Md.
MEDICAL CERTIFICATIO	OTHER SIGNIFICANT CONDITIONS CONTRIBUTION THE DEATH BUT NOT RELATED TO THE TERMINED INSERTS OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION 198. CONDITION FWAS PERFORMED 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY (APPROX.) 22. I certify that (I (this hospital) attended that (II (we) lost sow the deceosed olive one hour and from the couses stated above 23A. SIGNATURE 23C. PHYSICIAN'S NAME (Type) AUD TO REMAIN (TYPE)	OR WHICH OPERATION 218. PLACE OF INJURY(e.g., in home, form, foctory, sheet, of etc.) 218. INJURY OCCURRED While At Not While At Work ed the deceosed from At work on October Attended to the deceosed from Attende	Tes The or about 21C. WHERE DID fice bidg., INJURY OCCUR? 21F. HOW DID INJURY Of the bidg. Injury of the	(If in Boltimore City, OCCUR? (my) (our) opinion d A Street, I	give exoct location) 19.65 eoth occurred on the do DATE SIGNED Oct. 1966 Baltimore, Md. (Stote)
MEDICAL CERTIFICATIO	OTHER SIGNIFICANT CONDITIONS CONTRIBUTION THE DEATH BUT NOT RELATED TO THE TERMINED INSERTS OR CONDITION GIVEN IN PART 1 (a). 19A. DATE OF OPERATION 198. CONDITION FWAS PERFORMED 21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 22 D. TIME (Month) (Day) (Year) (Hour) (APPROX.) 22. I certify that (I (this hospital) attendation (II (we) lost sow the deceosed alive conditions of the couses stated above 25 A. SIGNATURE 23 C. PHYSICIAN'S NAME (Type) Aubrey D. Richardso BURIAL CREMATION, 248. DATE 24 BURIAL CREMATION, 248. DATE BURIAL CREMATION, 248. DATE 24 10/7/68	OR WHICH OPERATION 218 PLACE OF INJURY(e.g., in home, form, foctory, sheet, of etc.) 21E INJURY OCCURRED While At Not While At Work ed the deceosed from Atom e. (I) (We) (did) (did not) volume C. (I) (We) CEMETERY of CREE Baltimore Natio	Tes The or about 21C. WHERE DID fice bidg., INJURY OCCUR? 21F. HOW DID INJURY Of the bidg. Injury of the	(If in Boltimore City, CCCUR? (my) (our) opinion of	por DEATH? give exoct locotion) 19 6 Port Signed Out 196 Baltimore, Md n, or county) (Stote)
MEDICAL CERTIFICATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTION THE DEATH BUT NOT RELATED TO THE TERMINED INSERTS OR CONDITION GIVEN IN PART 1 (a). 19A. DATE OF OPERATION 198. CONDITION FWAS PERFORMED 21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 22 D. TIME (Month) (Day) (Year) (Hour) (APPROX.) 22. I certify that (I (this hospital) attendation (II (we) lost sow the deceosed alive conditions of the couses stated above 25 A. SIGNATURE 23 C. PHYSICIAN'S NAME (Type) Aubrey D. Richardso BURIAL CREMATION, 248. DATE 24 BURIAL CREMATION, 248. DATE BURIAL CREMATION, 248. DATE 24 10/7/68	OR WHICH OPERATION 218. PLACE OF INJURY(e.g., in home, form, foctory, sheet, of etc.) 218. INJURY OCCURRED While At Not While At Work ed the deceosed from At work on October Attended to the deceosed from Attende	Yes nor about 21C. WHERE DID fice bidg., INJURY OCCUR? 21F. HOW DID INJURY O 19 ond that in iew the body ofter death. Add. Director Phys. 23D. ADDRESS 700 West Fotiet MATORY 24D. LOCAT 125C. FUNERAL DIRECTOR	(If in Boltimore City, OCCUR? (my) (our) opinion d A Street, I	pr DEATH? give exoct locotion) 19 0 eoth occurred on the do DATE SIGNED Oct 1966 Baltimore, Md n, or county) (Stote) d. ADDRESS



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68-10097 BALTIMORE CITY HEALTH DEPARTMENT

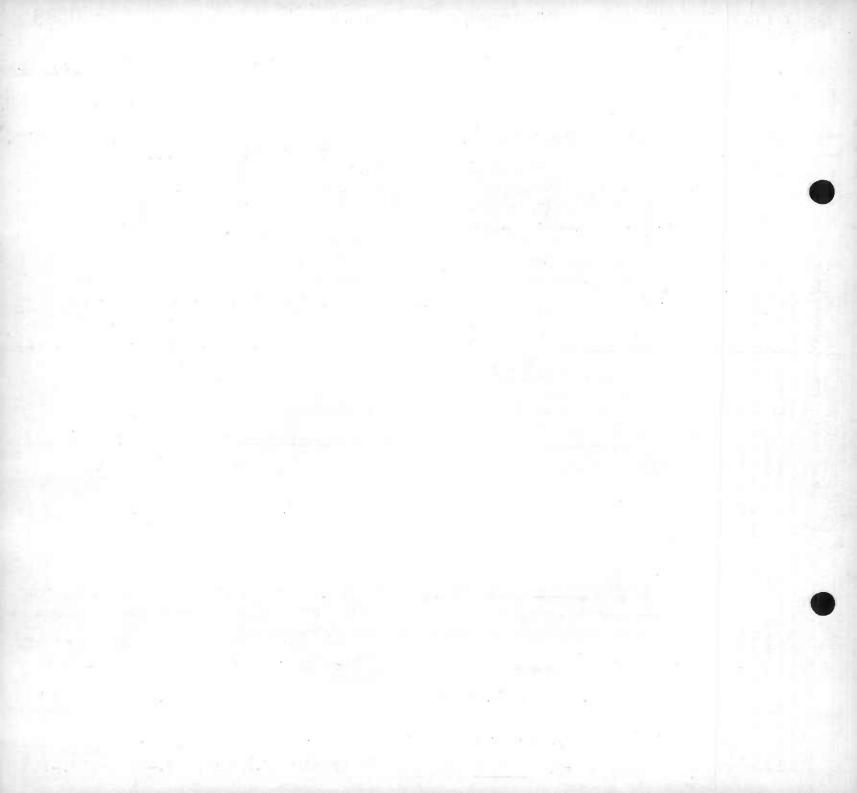
MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG NO.

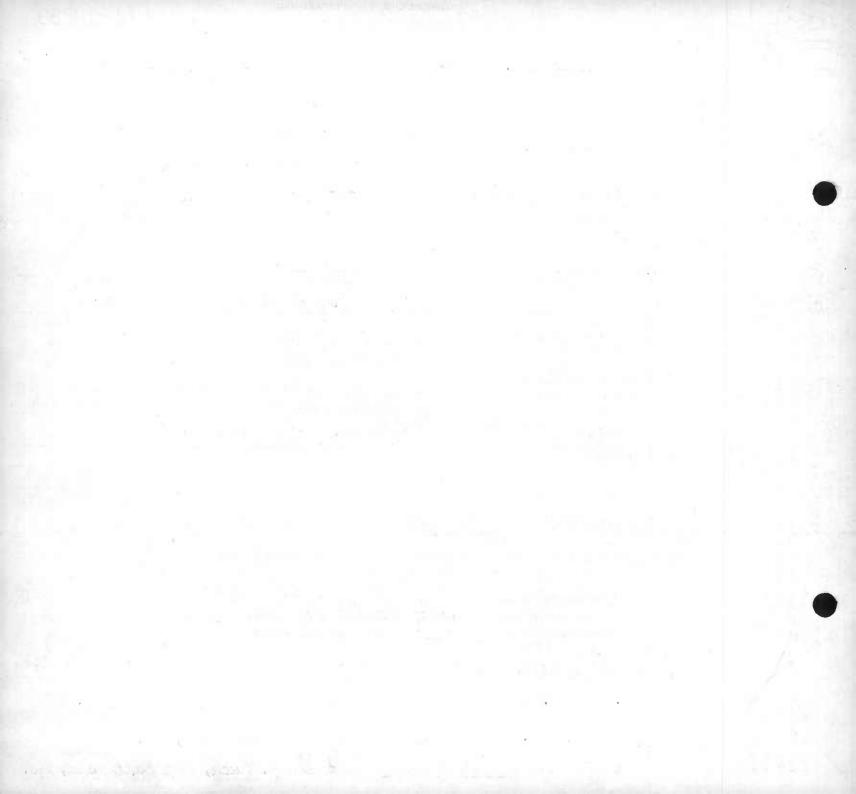
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U	\cup		ببالم	U	V	U	- 6

BIRTH NO.	ч					KLG. 140			
1. NAME OF DECEASED (Type or Print) WILI	LIAM YAKE	L	2. DATE OF DEATH	Known X Estimoted	Month October	Day 2, 19	Year 168	Haur	М.
4. PLACE IN BALTIMORE, MARYLAN	D. WHERE PRO	NOUNCED DEAD	3. DATE		Manth	Doy	Yeor	Hour	M.
	SPITAL OR INSTITU	JTION, GIVE STREET	PRONOL	NCED DEAD	October	2, 19	68	3:18	P. M.
00 6506 Sefton A	Avenue		A. STATE	faryland		COUNTY	n: residenc	e before odmis	sian)
6. SEX 7. RACE	B. MARRIEI	NEVER MARRIED	C. CITY OR	TOWN	D.	INSIDE CI	LY LIMITS		
Male White	WIDOWE	DIVORCED [Baltimore		Y	es 🖈	NO 🗆	
		Under 1 Yr. If Under 24 Hrs. onths Doys Hours Min.		ND NUMBER 506 Seft	on Avenu	e			
11. BIRTHPLACE (State or lareign count Maryland	ry) 12	CITIZEN OF WHAT COUNTRY?	13. FATHER'		enry Yak	cel	414		
14A.USUAL OCCUPATION (Give kind of done during most of working life, even if reti	red)	Dept.	15. MOTHER	'S MAIDEN NA	ME Jehan	ma E	hoff		
16. WAS DECEASED EVER IN U.S. AR		17. SOCIAL	IB. INFORM	ANT	- 011112		DDRESS		
(Yes, no or unknawn) (If yes, give war ar d	ates of service)	213-34-7855		unice G.	Yakel	A1		me)	
19.		CAUSE OF DEA	тн					APPROXIMATE IN	
DISEASE OR CONDITION I	DIRECTLY	Arterios	cleroti	c cardio	vascular	disea		TWEEN ONSET A	ND DEATH
LEADING TO DEATH	Н	(A)IMMEDIATE C	AUSE						
(This does not mean the mode of heart failure, asthenia, etc. It mean injury or complication which couse	ns the disease,		AS A CONSEQ	JENCE OF:					***************************************
ANTECEDENT CAUSE		(B)	AS A CONSEC	WENCE OF					
DISEASES OR CONDITIONS, IF RISE TO THE ABOVE CAUSE (A)	ANY, GIVING	DUE TO, OR	AS A CONSEC	DUENCE OF:					
UNDERLYING CONDITION LA		(c)							
6		(0/							
OTHER SIGNIFICANT CONDITION TO THE DEATH BUT NOT RELATE DISEASE OR CONDITION GIVEN 20A. DATE OF OPERATION 20B.	D TO THE TERMIN		Me delajo dje ma					v (14-v-4-v) 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	
20A. DATE OF OPERATION 20B.		R WHICH OPERATION W	AS PERFORM	FD			21 AII	TOPSY? (Yes o	r No)
Ö	CONDINGTO	A MINGH OF ERAHOTT W	NO TERTORIN				27. 70		,
22A. EXTERNAL CAUSE WAS	laa	B DI ACE OF INITIDAY	i 12	C WHERE DID	// n.h	11	11	No	
UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH.	ho	B. PLACE OF INJURY(e.g., me, farm, foctary, street, office	e bldg., etc.)	JURY OCCUR?	(If in Bolfimore C	ity, give exc	ici iacailor	')	
OF INJURY (APPROX.) (Doy)	(Year) (Hour)		WHILE	2F. HOW DID IN	JURY OCCUR?				
23.	m	. WORK L AT W	ORK						
I certify that I held on	Inquiry	Inspection X Au	topsy	ond that on t	his bosis, de	oth in my	opinion		
resulted from: Notural	couses	Accident Suicio			Undetermined	l monner [
ACTUAL ///	AL.	1 int		TANT MEDICAL		} }r		DATE SIGN	VED
SIGNATURE Charle	s S. Spr	ingate, M.D.	•	CIATE MEDICAL		1	ober	3, 1968	3
NAME (Type) 24A. BURIAL CREMATION, 24B. DA		24C. NAME of CEMETERY	or CREMATO	PV 240	LOCATION	(City, town			
DEMOVAL (C(C)	5/68.	Gardens of Fa:				imore		(310	-/
25A. DATE REC'D BY HEALTH DEPT.		ME OF REGISTRAR		UNERAL DIRECT			DDRESS		
OCI 7 196	1	of E. Farkyng		nard J.				Md. 212	14

VS 151-REV. 1/1/68

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aborrelisherisher couler house Hester here, mellet bleckung Extender 63 1 of a M. Laman & M. E. 7 150 Thomas 4. 110 - W. BARRIEGV Grees-Deptember

VS 150-REV. 1/1/6B

Such

a hospital and

0	0	0 10	BALTIMORE CIT	TY HEALTH DEPARTMEN	T	00 10100
5 5	b	8-1U	1UZ CERTIFIC	ATE OF DEATI	REG. NO	68-10102
BIRTH NO.			CLKTITICA	AIL OI DLAII		
Type or Print)	CEASED			2. DAT	E AND HOUR OF DEAT	Н
.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	LOUIS N	ATHANS	ON	OCT	OBER 3, 1968	8:30 P.M
3. PLACE IN BA	LTIMORE, MARYLAND,	WHERE PRON	OUNCED DEAD	4, USUAL RESIDENCE	Where deceased lived, If OUNTY	institution: residence before admission)
FULL NAME OF	ME NOT IN HOSPI	TAL OP INS	TITUTION, GIVE STREET	MARYLAND	1	
HOSPITAL OR	ADDRESS OR LOC	ATION)	IIIO IION, GIVE SIKEEI	C. CITY OR TOWN	II. IN	ISIDE CITY LIMITS?
				BALTIMORE		YES NO
7	LL NURSING HO	ME		E. STREET AND NUMBI	ER	
4601 PA	LL MALL ROAD			3229 GWVN	NS FALLS PKW	/.
. SEX	6. RACE	7. MADDIE	D NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. If Under 24 Hrs.
					lost birthday)	Months Doys Hours Min.
MALE	WHITE	WIDOWE		APRIL 11, 188		
	SUPATION (Give kind of wo f working life, even if refired)		OF BUSINESS OR INDUSTR	RY 11. BIRTHPLACE (State or	toreign country)	12. CITIZEN OF WHAT COUNTRY
RETIR	FD	MF1	RCHANT	RUSSIA		U.S.A.
FATHER'S NA			4	14. MOTHER'S MAIDEN	NAME	1 0.00000000000000000000000000000000000
	2 1/4	THANSON	4	UNKNOWN		
es, no or unknow	d Ever in U. S. Armed Fo n) (If yes, give wor or do	rces? les of service	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
NO			212-46-7940	MPS MIDIAM I	TUTNICSTON 69	201 PARK HEIGHTS AVE
1B. 44 1 1	7 19 1		CAUSE OF DEA		IVINOSTON, UZ	APPROXIMATE INTERVAL
1 / 6	SE OR CONDITION D	IDECTIV				BETWEEN ONSET AND DEATH
DISEA	LEADING TO DEATH			i. 1 - V.	a los Asset	at 37 days
(This daes	nat mean the made a		(A) IMMEDIATE CA	AUSE Cerby Vas S A CONSEQUENCE OF:	co	7
heart failure	, asthenia, etc. II mean	s the diseas	se,	S A CONSEQUENCE OF:		
injury or co	mplication which cause			1	1 1/0	
	ANTECEDENT CAUSE	S	(B) ante	s A CONSEQUENCE OF:	· C. V. 13	. or gen
	OR CONDITIONS, il		ng DUE TO, OR A	AS A CONSEQUENCE OF:		
	ne abave cause (A) IG CONDITION last.	stating II				
ONDERLIN	G CONDITION Idsi.		(C)			
422	, / II					
DUMERSIGNI	IFICANT CONDITIONS CO					
▼ DISEASE OR •	CONDITION GIVEN IN PA	RT 1 (A).	************	100 A M	N 1 000 1	
19A. DATE O		NDITION FO RFORMED	R WHICH OPERATION	20 A. AUTOPSY? (Yes	IN CERTIFYING	E FINDINGS CONSIDERED CAUSES OF DEATH?
, OR CONTRIB	ENT WAS UNDERLYING[_ 2 h	IB. PLACE OF INJURY (e.g.	office bldg., INJURY OCCU	D (If in Boltin R?	nore City, give exact location)
DEATH (notif	y medical examiner)		rtc.)			
21 D. TIME	(Month) (Doy) (Year	(Hour) 2	1E. INJURY OCCURRED	21 F. HOW DID	INJURY OCCUR?	
OF INJURY		\	While At - Not W	hile 🗀		
(APPROX.)		\	Work At Wor	rk 📙		
22. I certify	y that (I) (this hospita	ol) ottended	the deceased from	9-3-68	19to	10-3-68-19
that (I) (we) last saw the deceas	ed alive ar	10-3-			pinian death accurred on the dat
		ated abave.	(I) (#e) (did) (did nat)	view the bady after dec	oth.	
23A. SIGNAT	URE / / S	1			" -	23B, DATE SIGNED
	1 A. /h	~		ttending Med. hys. Director	Staff Phys.	10-4-68
23C. PHYSICI	ANS		DEGREE	23D. ADDRESS)	
NAME (A. A.	SILVE	R	PA	RK HEIGHTS A	VENUE
4A BUBLAL CO			DEGRE	E	400	
AA. BURIAL CR	(Specify)	24C.	NAME of CEMETERY or C	KEMAIURT 24	D. LOCATION	(City, town, or county) (Stote)
BURIA	L 10-6-6	8 1	BETH TFILOH		BALTIMORE. MA	ARYLAND
		In an			THE PROPERTY OF	MN/ FINAL

BROS., 6010 REISTERSTOWN



VS 150-REV. 1/1/68

CO 4	BALTIMORE CITY	HEALTH DEPARTMENT		68-10103
	0103 CERTIFICA	TE OF DEATH	REG. NO	00_10100
BIRTH NO. 1, NAME OF DECEASED Type or Print) KOOYS, 3	DNA E	A	t 4 191	31 9 AM
3. PLACE IN BALTIMORE, MARYLANO, WHERE	PRONOUNCEO OEAD		e deceased lived. If instit	tution: residence before admission)
HOSPITAL OR ADDRESS OR LOCATION	14	Maryland C. CITY OR TOWN		CITY HAVITS?
44 Union Memor	ial Hospital	Baltimons E. STREET AND NUMBER	1	PES DI NOT
S. SEX G. RACE 7. AA			nt peller	If Under 1 Yr. If Under 24 Hrs.
0 1 1.11 1	ARRIED NEVER MARRIED DOWED DIVORCED DIVORCED	9/1/13	lost birthdov	Months Doys Hours Min.
done during most of working life, even if prired)	TIND OF BOSINESS OF INDOSIKE	11. BIRTHPLACE (State or forei	gn country)	
Housewife mother		14. MOTHER'S MAIREN WAN	Delaware	U.S.A
Ti Dilatia		mina T		
15. Was Deceased Ever in U. S. Armed ces? (Yes, no or unknown) (Iff yes, give wor or dote) of s	16. SOCIAL	17. INFORMANT	homas.	ADDRESS 7
(Yes, no or unknown) (If yes, give wor or dotes of s	service DO SECURITY NO.///	Braun,	MARY-SE	inghts 9/5 monspell
18. 16.2.	CAUSE OF DEAT	н		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTL	Y Ail	r way obstruct	tion	DETWEEN ONSET AND DEATH
(This does not meen the made of dying	(A) IMMEDIATE CAI	ISE Terminal A CONSEQUENCE OF:	State	
heart lailure, asthenia, etc. It means the c injury ar complication which coused deat		nal ca of	lung =	-
ANTECEDENT CAUSES	0 . 1		20.18	2 months
DISEASES OR CONDITIONS, if ony,	3 3	A CONSEQUENCE OF:	<u> </u>	
rise to the obove cause (A) stati	ng the (C)			
_163X II				
OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE DEATH BUT NOT RELATED TO THE TER				
DISEASE OR CONDITION GIVEN IN PART 1 (A		20A. AUTOPSY? (Yes or No	20B. IF YES, WERE FIN	IDINGS CONSIDERED
19A. DATE OF OPERATION 19B. CONDITION WAS PERFORM 21A. ACCIDENT WAS UNDERLYING	ED	No	IN CERTIFYING CAUS	ES OF DEATH?
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notily medical examiner)	21B. PLACE OF INJURY (e.g., home, form, foctory, street, etc.)	ffice bldg., INJURY OCCUR?	(If in Boltimore (City, give exact location)
21D. TIME (Month) (Doy) (Year) (Ho	ur) 21E. INJURY OCCURRED	21F. HOW DIO INJ	URY OCCUR?	
(APPROX.)	While At Not Whi Work At Work			
22. I certify that (I) (this haspital) atta	ended the deceased fram	July 25	19 68 to Oct	1968
that (I) (we) last saw the deceased ali	- 2 L W	19 68- and th	at in(my) (aur) apini	an death accurred an the date
and haur and fram the causes stated a	bave. (1) (We) (did) (did nat)	view the bady after death.		
23A. SIGNATURE	1	V		3B. DATE SIGNED
Chitsung.	An MID Att	/ \	Staff Phys.	Oct. 4. 1968
23C. PHYSICIAN'S NAME (Type) CHI-TSUN G.	Su.	23D. ADDRESS Union Me	morial Ito	spital.
24A. BURIAL CREMATION, 24B. DATE	24C, NAME of CEMETERY of CE	EMATORY 24D	OCATION (City,	town, or county) (State)
Burial Oct > 61	Holy Kros &	nextery	AT TTO DET	
25A. DATE REC'D BY HEALTH DEPT. 25B.	NAME OF REGISTRAR	25C DINERAL DIRECTOR	JURIIS E	EVANC
THE TO THE COLOR	RECTURATE MA	WARTOWAR		" TI A TITAL)

F. 1.18 85 was all a rich - Na infrared is girania most county and

VS 150-REV. 1/1/6B

BALTIMORE CITY HEALTH	DEPARTMENT
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68-10104 CERTIFICATE OF DEATH

REG. NO. 68-10104

BIRTH NO.	OTOT CERTIFICA	ALE OF DEATH		
1. NAME OF DECEASED (Type or Print)		2. DATE	AND HOUR OF DEATH	10/00- 0
NOHIV DUS	CHL	No tight and and and a	10	13/68 9 M
3. PLACE IN BALTIMORE, MARYLAND, WHERE	PRONOUNCED DEAD	4. USUAL RESIDENCE (WA. STATE B. CO		fitution; residence before odmission)
HOSPITAL OR ADDRESS OR LOCATION)	INSTITUTION, GIVE STREET	MD.	D INS	DE CITY LIMITS! -
INSTITUTION		BARTIMO	RF	YES PONOTI
UNION MEMORIAL HOS	PITAL BANTIND	E. STREET AND NUMBER	TALL COLOR	AUE
S. SEX 6. RACE 7. MAG		8. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. If Under 24 Hrs.
A/11 = 21 12.11	RRIED NEVER MARRIED	8/11/07	lost birthdoy	Months Doys Hours Min.
10A, USUAL OCCUPATION (Give kind of work 10B, K	OWED DIVORCED DIVORCED DIVORCED	11. BIRTHPLACE (State or f	areign country)	12. CITIZEN OF WHAT COUNTRY
done during most of working life, even if retired)		~ 0 = 1	Anis	
- 4	cional Brewery	GKIYOU	4/77	U15.A-
13. FATHER'S NAME		14. MOTHER'S MAIDEN N	AME.	
FRANZ DUSC	HL	Maria Nu	inshardt	
IS, Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dotes of so	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
, , , , , , , , , , , , , , , , , , ,	217-01-1545A	Kuni Kauper	Duschl, wi	fe above
1B. 2 3 2 4	CAUSE OF DEAT		. Duschie, wi	APPROXIMATE INTERVAL
DISEASE OR CONDITION DIRECTL	v			BETWEEN ONSET AND DEAT
LEADING TO DEATH		PNEUMOI	VIA	
(This does not mean the mode of dying		A CONSEQUENCE OF:		
heart foilure, ostherio, etc. It means the d	iseose,	A CONSEGUENCE OF.		
	.,			
ANTECEDENT CAUSES	(B)			
DISEASES OR CONDITIONS, if any,	9. 1119	A CONSEQUENCE OF:		
rise to the obove couse (A) stolin UNDERLYING CONDITION lost.	(C)			
1/02 / 11	(-)			
OTHER SIGNIFICANT CONDITIONS CONTRIBU	JTING			
O THE DEATH BUT NOT RELATED TO THE TERM I DISEASE OR CONDITION GIVEN IN PART 1 (A)	MINAL			
	FOR WHICH OPERATION	20 A. AUTOPSY? (Yes or	No. 208. IF YES, WERE	FINDINGS CONSIDERED
198. CONDITION WAS PERFORME	D		IN CERTIFYING CA	USES OF DEATH?
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	21 B. PLACE OF INJURY (e.g., home, form, foctory, street, etc.)	in or about 21C. WHERE DID	(If in Boltimor	e City, give exact location)
O 21D.TIME (Month) (Doy) (Year) (Hou	r) 21E. INJURY OCCURRED	21E HOW DID	INJURY OCCUR?	
S OF INJURY	While At Not Whi		NJOKI OCCOR.	
(APPROX.)	Work At Work			
22. I certify that (I) (this hospital) atte	nded the deceosed fram	9130	19 68 ta	10/3 168
that (I) (we) last saw the deceased oliv	re on 10/3	19 68 ond	that in (my) (our) opi	nion death occurred an the da
and hour and fram the causes stated ab	1000			
23A. SIGNATURE	dve. (I) (III a) (did iidi)	view the body differ deaf	n.	23B. DATE SIGNED
11/ 0/11 Y	0/ c) Att	ending Med.	Staff	23th DATE STORED
Musly M. Je	911 Achderee Phy	ys. Director	Phys.	
23C. PHYSICIAN'S NAME (Type) RONALS M. LE	GUM MD.	23 D. ADDRESS UNION	MEMORIAL	HOSPITAL
	SUY DEGREE	UNION MEHOI	7 2 4	
24A. BURIAL CREMATION, 24B. DATE	24C. NAME of CEMETERY OF CR		17901	ity, town, or county) (State)
REMOVAL (Specify) Burial 10/7/68				
	Gardens of Fa		Baltimore,	
25A. DATE REC'D BY HEALTH DEPT. 25B. N	TAME OF REGISTRAR	2 Schinunek	Huneral Ho	me, Inc.

LULON MEHOLDH HOSPITAL BATHO SIZZ FANSYWOOD AVE

LANGARDED.

BATHERIT

FRINZ BUSCELL

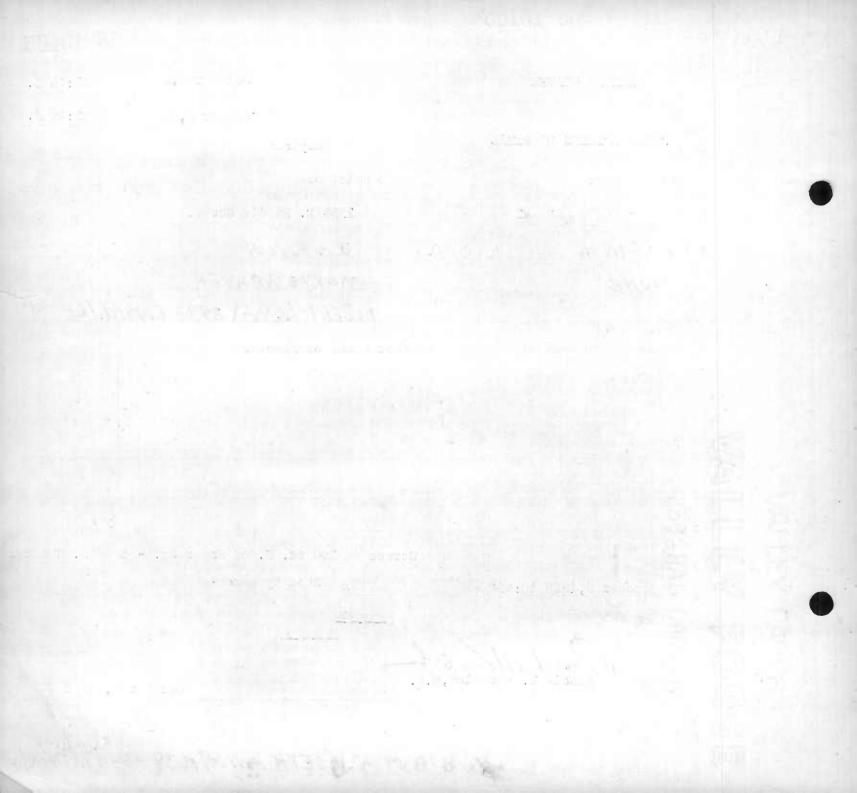
PRELIMONIA

Could's Addense Properties

W-160

68-10105 BALTIMORE CITY HEALTH DEPARTMENT

KEG, NO.	68-10105
I. NAME OF DECEASED 2. DATE Known Manth Day Ye	ar Haur
1. NAME OF DECEASED (Type or Print) MARION WEAVER 2. DATE Known Manth Of October 4,1968 PEATH Estimoted October 4,1968	12:10 A _M
PROMINICIPA PRAD	eor Hour
FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) OR INSTITUTION S. USUAL RESIDENCE (Where deceased lived, it institution; residently and its institution; residently a	12:10 A _M
33 JOHNS HOPKINS HOSPITAL 5. USUAL RESIDENCE (Where deceosed lived. If institution: reside Maryland B. COUNTY	ence before admission)
6. SEX 7. RACE B. MARRIED NEVER MARRIED SET BALLIMOTE D. INSIDE CITY LIMI	ITS?
WIDOWED DIVOKCED WES	NO L
9. DATE OF BIRTH 10. AGE (In yeors last birthday) 10. AGE (In yeor	
11. BIRTHPLACE (State or fareign country) 12. CITIZEN OF 13. FATHER'S NAME	
VIRGINIA U.S. C. UNKNOW	•
14A.USUAL OCCUPATION (Give kind of work) 14B. KIND OF BUSINESS OR INDUSTRY 15. MOTHER'S MAIDEN NAME dane during most of working life, even if retired)	
NONE 16. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. SOCIAL 18. INFORMANT ADDRESS	5 / / .
(Yes, no or unknown) (If yes, give war ar dates of service) SECURITY NO. ROBERT LOMAX 2533 E. BI	dulle St
CAUSE OF DEATH	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY Gunshot wound of Abdomen	
LEADING TO DEATH (A) IMMEDIATE CAUSE (This does not mean the mode of dying, e.g., DUE TO, OR AS A CONSEQUENCE OF:	
heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO, OR AS A CONSEQUENCE OF:	
RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	
E 98/ V II	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WAS PERFORMED 21. A	Encopensus and 6 6 6 4 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6
20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WAS PERFORMED 21. A	AUTOPSY? (Yes ar Na)
	yes
22A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB. 22B. PLACE OF INJURY (e.g., in or about 22C. WHERE DID (If in Baltimare City, give exact lacat home, form, factary, street, office bldg., etc.) INJURY OCCUR?	
☐ UTING CAUSE OF DEATH. Street 200 ft. N. of Eager St 1	000 N. Chester
22D. TIME (Month) (Doy) (Year) (Hour) 22E, INJURY OCCURED 22F, HOW DID INJURY OCCUR?	
OF INJURY (APPROX October 3,1968 10:45h, WHILE AT AT WORK Shot by unknown	***************************************
OF INJURY (APPROX. October 3, 1968 10:45 P) WHILE AT NOT WHILE AT NOT WHILE AT NOT WHILE AT WORK 23.	an
OF INJURY (APPROX. October 3, 1968 10:45h) WHILE AT NOT WHILE AT WORK 23. I certify that I held an Inquiry Inspection Autopsy & and that an this basis, death in my apinic	an
OF INJURY (APPROX.October 3, 1968 10:45h. WORK NOT WHILE Shot by unknown 1 certify that I held an Inquiry Inspection Autapsy and that an this basis, death in my apinion Hamicide Undetermined manner CHIEF MEDICAL EXAMINER	
OF INJURY (APPROX. October 3, 1968 10:45 P) WHILE AT AT WORK Shot by unknown 1 certify that I held an Inquiry Inspection Autapsy & and that an this basis, death in my apinic resulted fram: Natural causes Accident Suicide Hamicide W Undetermined manner	DATE SIGNED
OF INJURY (APPROX. October 3, 1968 10:45h. WORK NOT WHILE Shot by unknown 1 certify that I held an Inquiry Inspection Autapsy and that an this basis, death in my apinic resulted fram: Natural causes Accident Suicide Hamicide Undetermined manner CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER SISTANT MEDICAL EXAMINER	DATE SIGNED
OF INJURY (APPROX. October 3, 1968 10:45h, WORK NOT WHILE AT WORK Shot by unknown 1 certify that I held an Inquiry Inspection Autapsy	date signed 4, 1968
OF INJURY (APPROX.October 3, 1968 10:45h, WORK NOT WHILE Shot by unknown Shot by unknown Shot by unknown	date signed 4, 1968
OF INJURY (APPROX. October 3, 1968 10:45h. WORK NOT WHILE AT WORK Shot by unknown 1 certify that I held an Inquiry Inspection Autapsy	date signed 4, 1968



was D.O.A.

of death

a hospital and

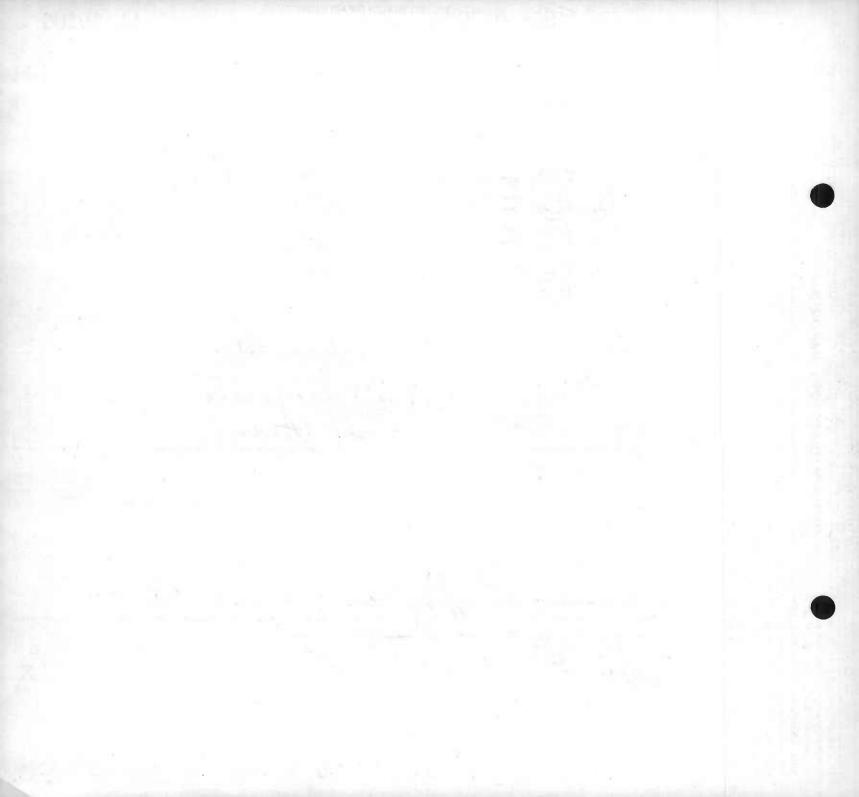
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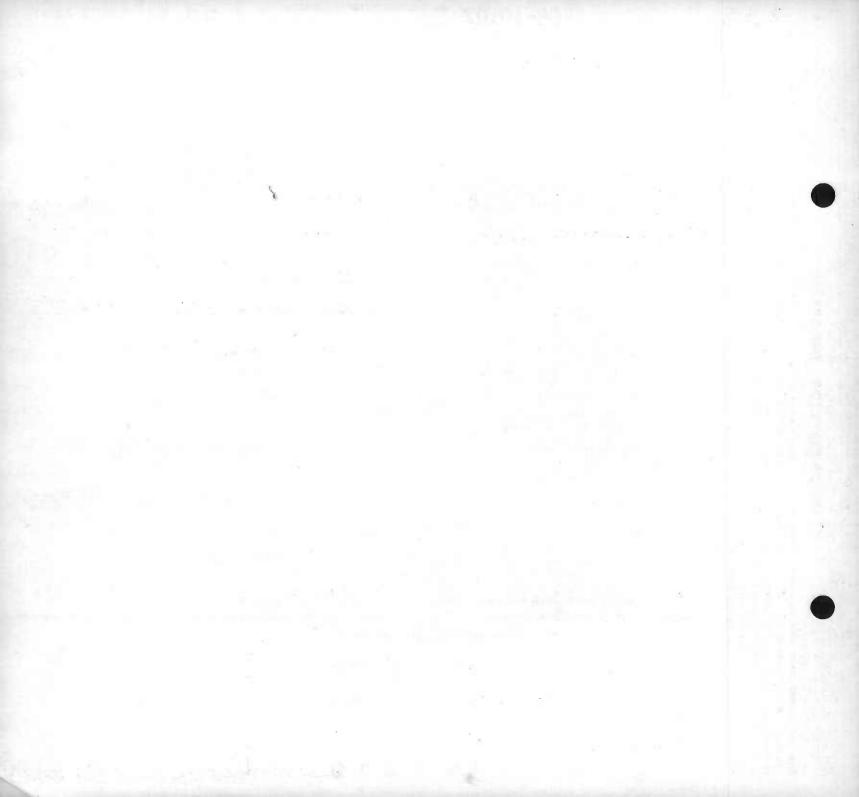
attendance

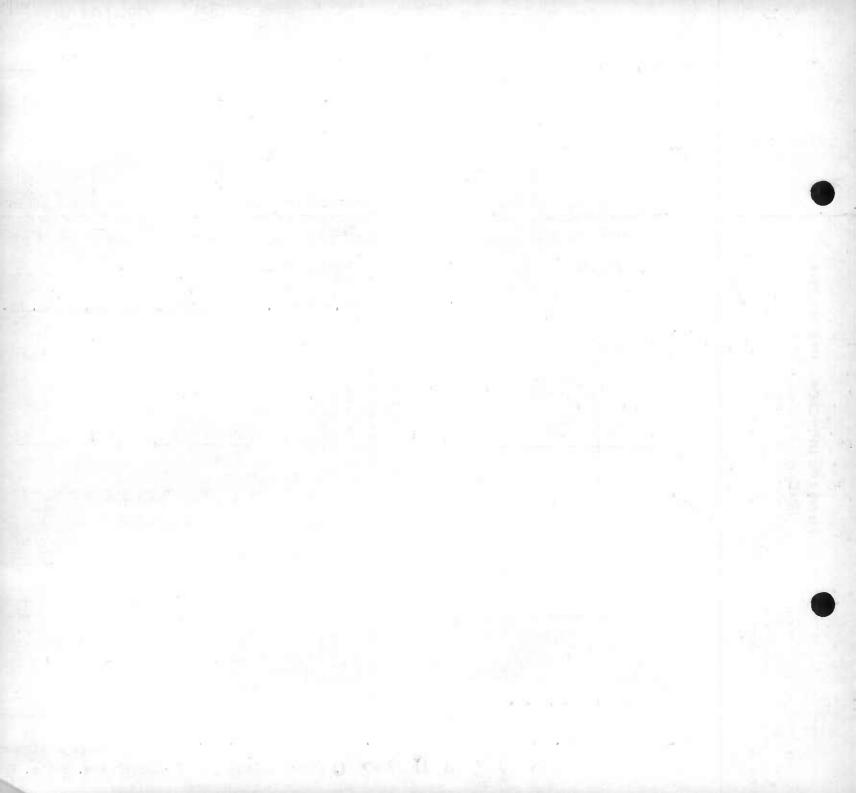
	AME OF DEC e or Print)		red S. 1	Frock		ober 4, 1968	
FUL	L NAME OF	TIMORE, MARYLAND, W		UNCED DEAD	4. USUAL RESIDENCE WHA. STATE B. COU		institution: residence before odmissio
HO:	SPITAL OR TITUTION	ADDRESS OR LOCA	ATION)		c. CITY OR TOWN Baltimore	D. 1N	YES A NO
0	O ³⁸³¹	Lyndale Ave.			E. STREET AND NUMBER 3831 Lyndale	e Ave.	
5. SI	emale	6. RACE	7. MARRIED WIDOWED	NEVER MARRIED DIVORCED	B. DATE OF BIRTH Feb. 16, 1908	9. AGE (In years lost bitthday)	If Under 1 Yr. If Under 24 H Months Doys Hours Min.
		working life, even if retired)	108. KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or for Maryland	eign country)	12. CITIZEN OF WHAT COUNT U. S. A.
13. F	FATHER'S NA	ME			14. MOTHER'S MAIDEN NA	AME	
		rick C. Rohlf			Anna ?		
	Was Deceased , no or unknown NO	Ever in U. S. Armed For Illf yes, give war or dote	ces? is of service)	SECURITY NO.	Irvin M. Froch	c, 3831 Lynd	dale Ave.
	heart failure, injury or con	not meen the made of asthenia, etc. It means in plication which caused ANTECEDENT CAUSES DR CONDITIONS, if a abave cause (A)	the discose, deoth.)		A CONSEQUENCE OF: A CONSEQUENCE OF: A CONSEQUENCE D:	selo	2 mon Ros
	DISEASES (rise to the UNDERLYING) OTHER SIGNII	asthenia, etc. II means application which caused ANTECEDENT CAUSES OR CONDITIONS, if a abave cause (A) G CONDITION lost.	the disease, death.) ony, giving stating the	DUE'SO OR AS		sator	2 mon Ros
ATIC	DISEASES (rise to the UN DERLYIN) OTHER SIGNIII DISEASE OR CO	ashenia, etc. II means application which caused ANTECEDENT CAUSES OR CONDITIONS, if a abave cause (A) G CONDITION lost. II FICANT CONDITIONS CONTRIBUTIONS CONDITIONS CONDITION TO THE CONDITION OF THE CONDITION OF THE BUT NOT RELATED TO TONDITION OF THE BUT NOT PAR	ony, giving stating the MTRIBUTING HE TERMINAL IT I (A).	DUE'SO OR AS		Selov Selov Selovase No) 208. IF YES, WERI IN CERTIFYING C	2 Innells E FINDINGS CONSIDERED CAUSES OF DEATH?
AL CERTIFICATION	DISEASES (rise to the UN DERLYIN' OTHER SIGNII TO THE DEA' DISEASE OR CO 19A. DATE OF OR CONTRIB	ashenia, etc. II means application which caused ANTECEDENT CAUSES OR CONDITIONS, if e abave cause (A) G CONDITION lost. FIGANT CONDITIONS CO THE BUT NOT RELATED TO TOONDITION GIVEN IN PAR OPERATION 1998. CON	the disease, death.) ony, giving stating the MTRIBUTING HE TERMINAL IT I (A). IDITION FOR TORMED	(B) DUF (O, OR AS (C) UP (O) OR AS	A CONSEQUENCE OF: A CONSEQUENCE DE TOMPS TOMP	E FINDINGS CONSIDERED CAUSES OF DEATH?	
MEDICAL CERTIFICATION	DISEASES (rise to the UN DERLYIN' OTHER SIGNII TO THE DEA' DISEASE OR CO 19A. DATE OF OR CONTRIB	ashenia, etc. II means application which caused ANTECEDENT CAUSES OR CONDITIONS, if e abave cause (A) G CONDITION lost. FIGANT CONDITIONS CO THE BUT NOT RELATED TO TONDITION OF THE CONDITION PARE OPERATION 198. CON WAS PER NT WAS UNDERLYING CAUSE OF	ony, giving stating the MTRIBUTING HE TERMINAL IT I (A). DITION FOR TORMED 218 hometr. IHour) 21E.	WHICH OPERATION PLACE OF INJURY (e.g., in form, foctory, street, on the following of the following) INJURY OCCURRED INJURY OCCURRED Not While	A CONSEQUENCE OF: A CONSEQUENCE DE: 20A. AUTOPSY? (Yes or It in or obout 121C. WHERE DID INJURY OCCUR?	(If in Boltim	
MEDICAL CERTIFICATION	DISEASES (rise to the UNDERLYIN) OTHER SIGNIE DISEASE OR COTHER SIGNIE DISEASE OR COTHER SIGNIE 21A. ACCIDE OR CONTRIBUTION DEATH Inolify 21D. TIME OF INJURY IAPPROX.) 22. I certify that (1) (***)	ashenia, etc. II means application which caused ANTECEDENT CAUSES OR CONDITIONS, if e abave cause (A) G CONDITION lost. II FICANT CONDITIONS COME BUT NOT RELATED TO TONDITION GIVEN IN PARE OPERATION 1998. CON WAS PER NT WAS UNDERLYING CAUSE OF medical examiner) (Month) (Day) (Year)	ony, giving stating the MTRIBUTING HE TERMINAL IT I (A). IHour) 21E. Who work the state of the	WHICH OPERATION SPLACE OF INJURY (e.g., ine, form, foctory, street, one) INJURY OCCURRED Which INJURY OCCURRED	20A. AUTOPSY? (Yes or Fine or obout 21 C. WHERE DID INJURY OCCUR?	(If in Boltim	
MEDICAL CERTIFICATION	DISEASES (rise to the UNDERLYIN) OTHER SIGNIE DISEASE OR COTHER SIGNIE DISEASE OR COTHER SIGNIE 21A. ACCIDE OR CONTRIBUTION DEATH Inolify 21D. TIME OF INJURY IAPPROX.) 22. I certify that (1) (***)	ashenia, etc. II means application which caused ANTECEDENT CAUSES OR CONDITIONS, if e abave cause (A) G CONDITION lost. FICANT CONDITIONS CONTH BUT NOT RELATED TO TONDITION GIVEN IN PAR OPERATION 19B. CONWAS PER MASS UNDERLYING DITING CAUSE OF medical examiner) (Month) (Day) (Year) that (1) (this hospital last saw the deceased from the causes started)	ony, giving stating the MTRIBUTING HE TERMINAL IT I (A). IDITION FOR TORMED 218 hometc. IHour) 21E. Wh. Water ded a live an	WHICH OPERATION CPLACE OF INJURY (e.g., in the form, foctory, street, on the foctory) INJURY OCCURRED the deceased from the deceased from the deceased from the little of the deceased from the little of the deceased from the deceased from the deceased from the little of the deceased from the little of the deceased from the deceased f	20A. AUTOPSY? (Yes or the bidg., INJURY OCCUR? 21F. HOW DID IN 21F. HOW DID IN 21F. How death 23D. ADDRESS	IJURY OCCUR? 19 6 ta 6 that in (my) (our) ap Shaff Phys.	Array 4 19 6
MEDICAL CERTIFICATION	DISEASES (nise to the UNDERLYIN) OTHER SIGNIII OTHE DEAT DISEASE OR COTTAINS OR CONTRIBUTED OF INJURY 1APPROX.) 21 D. TIME OF INJURY 1APPROX.) 22. I certify that (1) (wa) and four an 23A. SIGNATION 23C. PHYSICIA NAME (1)	ashenia, etc. II means application which caused ANTECEDENT CAUSES OR CONDITIONS, if e abave cause (A) G CONDITION lost. II CONDITION IN THE CONDITION OF CONDITION GIVEN IN PARE CONDITION GIVEN IN THE CAUSE OF CONDITION (Day) (Year) That (I) (this heapital last saw the deceased from the causes started.	the disease, death.) ony, giving stating the MIRIBUTING HE TERMINAL IT I (A). IDITION FOR TORMED 21B hom etc. I Hour) 21E Wh was a state of a live an anter above. (WHICH OPERATION CPLACE OF INJURY (e.g., in the form, foctory, street, on the foctory) INJURY OCCURRED the deceased from the deceased from the deceased from the little of the deceased from the little of the deceased from the deceased from the deceased from the little of the deceased from the little of the deceased from the deceased f	20A. AUTOPSY? (Yes or fine or obout 21C. WHERE DID INJURY OCCUR? 21F. HOW DID IN 19 6 and of the bidy after death 23D. ADDRESS 3603 Belair Ros	IJURY OCCUR? 19 2 ta 2 that in (my) (our) appropriate to the state of the state o	Application death accurred on the d

22. I certify that (I) (shis hespitat) attended the deceased from that (I) (wa) last saw the deceased alive an and that in(my) (our) apinian death accurred on the date that (1) (wa) last saw the deceased alive an and haur and from the causes stated above. (1) (we) (did) (did not) view the bady after death. 23A. SIGNATURE 23B. DATE SIGNED Med. Attending Director 23C. PHYSICIAN'S NAME (Type) 23D. ADDRESS . Polek, 3603 Belair Melvin F M.D. Road, 24C. NAME of CEMETERY OF CREMATORY 24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify) 24D. LOCATION (City, town, or county) (Stote) 10/7/68 Burial Baltimore Cemetery Baltimore, Md. CT 7 1968 25C. FUNERAL DIRECTOR ADDRESS

Ullipich Funeral Home, 4210 Belair Road. ADDRESS 25A. DATE REC'D 25B. NAME VS 150-REV. 1/1/68







Min.

VS 150-REV. 1/1/6B







m-246

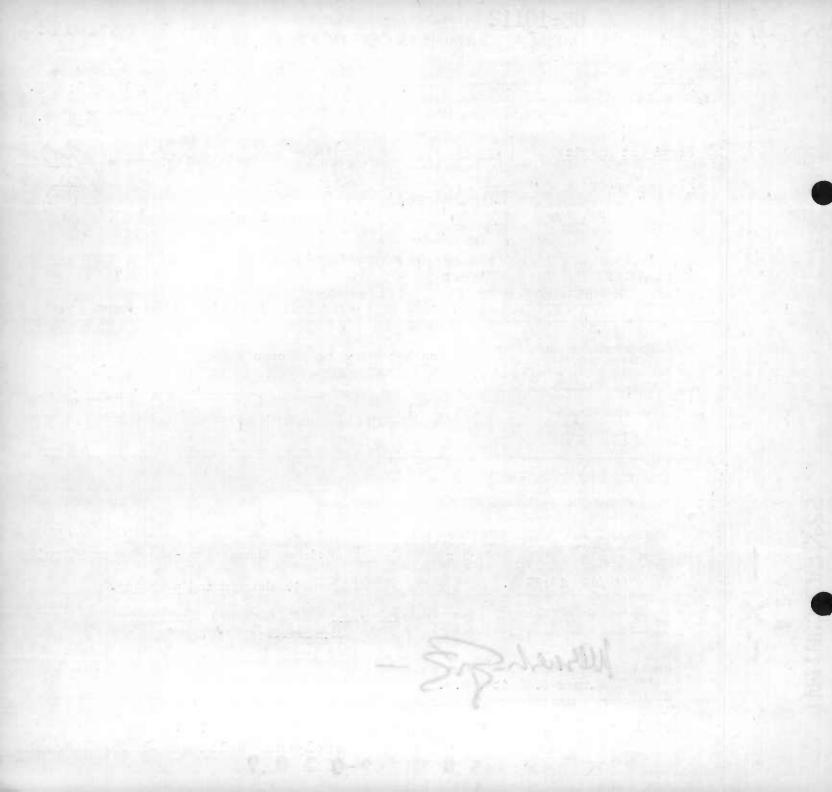
VS 151-REV. 1/1/6B

68-10112 BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

68-	1	91	12
			-

BIRTH	NO.		77166	10/12	-/1/	Will this	0 01.			, ,		REG. I	NO			
1. NA	ME OF DECE	ASED					2. 1	DATE	Known X] /	Month	Doy		Үеог	Hour	
(Туре	JESSE			MCC	LURE			OF EATH	Estimoted		Septe	mber	30.	1968	1:00	PM
	ACE IN BALT	IMORE, M.	ARYLAND, V			CED DEAD		DATE			Month	Doy		Yeor	Hour	2.10.
HOSP	NAME OF ITAL STITUTION	(IF NO	OT IN HOSPIT. ESS OR LOCA	AL OR INST	ITUTION,	GIVE STREET	5. t	JSUAL RE	NCED DEAD	Se		ed. If instit	ution: res		1:00	
9	Provide	nt Ho	spital					state Maryl			1	3. COUN	TY	1-1	11	52
6. SE		7. RACE				NEVER MARRIED		CITY OR 1			· ·	D. INSID	1	-	14	33
	ale	neg		WIDOW		DIVORCED			imore	D			YES K	A J K	10 6	ando of
7. UP	TE OF BIRTH		lost birthdo			Doys Hours			Pennsy			venue			- 11	
11. BI	RTHPLACE (St	ote or fore	gn country)	?		ZEN OF	13.	FATHER'S		,				?		
14A. U done d	SUAL OCCUP	ATION (Gi	ve kind of work ven if retired)	14B. KIND	of Bus Tav	iness or indu	USTRY 15.	MOTHER	S MAIDEN	NAME	-21			?	94.1	
16 W	AS DECEASE	D EVER IN	IIIS ARME	D FORCES	2 17	SOCIAL	18.	INFORM	ANT				ADDR	ESS		
(Yes, n	o or unknown)	If yes, give	wor or dotes	of service)		SECURITY NO			Micha	el 1	David	d 1			n Ave	
19	F 91	-5-	X			CAUSE OF	DEATH								ROXIMATE INT	
	DISEASE	OR CON	DITION DIRE	CTLY		Cunch	ot No	und o	f Abdor	nan						
		EADING T				(A)IMMEDI	ATE CAUS	E		IIC II						~~~~~
	(This does no heart follure, Injury or com	osthenio, et	c. It meons th	e diseose,		DUETO	, OR AS A	CONSEQU	IENCE OF:							
	,															
		TECEDEN'		v enune		(B)	ORASA	CONSEC	UENCE OF:							
	RISE TO THE	ABOVE CA	AUSE (A) STA	TING THE			, 0	0011024	011102 011							
Z	UNDERLYIN	G CONDI	IION LASI.			(C)										
CERTIFICATION	OTHER SIGNI	TH BUT NO	T RELATED TO	THE TERMI			10 -01									
E 20	DISEASE OR				FOR WH	ICH OPERATIO	N WAS P	ERFORM	D				21	. AUTOF	SY? (Yes or	No)
. 2	2														Yes	
	A. EXTERN	IAL CAUSE			22B. PLA	CE OF INJURY	(e.g., in or	obout 22	C. WHERE D	DID (If i	n Boltimor	e City, giv	e exoct lo	ocotion)	17-0	2
	JTING CAL	JSE OF DE				Bar		R	ainbow	Lou	nge B	ar -	1304	Pen	nsylya	nia
C	FINJURY	9/30/	(Doy) (Yee	55 A.) 22E.1 WHIL	INJURY OCCUR	NOT WHIL		F. HOW DIE				1-14	1	210	Cirac
23	APPROX.)	2/30/	00 12.	. 55 11.	m. WOR	K LXJ	AT WORK	<u> </u>	subj.	snot	duri	ng a	nord	lup.		
		fy that I	held an	Inquiry [] In	spection 🗌	Autaps	y X	and that o	an this	basis,	death in	my api	inian		
	result	ed fram:	Natural car	uses 🗌	Acci	dent S	uicide [micide 🔣				ner 🗌			
	ACTUAL	1/1	100.	21	/	4			HIEF MEDIC			mars.			DATE SIGN	ED
	SIGNATU	RE_//	www	S/h.	7	W.	_M.D.		TANT MEDIC			K.			10/1/6	Q
	EXAMINE NAME (T)	W	erner l	J. Spi	tz	M.D.		ASSO	CIATE MEDIC	CAL EXA	MINER				10/1/0	O
24A.	BURIAL CREM	ATION.	24B. DATE		24C	NAME of CEME	TERY or C	REMATO	RY 2	24D. LO	CATION	(City,	town, or	r county)	(Stote	e)
KEM	Buria.	ï	10/4	/68		Mt Aub	ourn	Cem	etry]	Balt:	imor	e N	/Id		
25A.	DATE REC'D	BY HEALTH	DEPT.	25B. N		REGISTRAR		25 G E	olphu	ECTOR	Hals	t.ead	ADD	DESS.	W No	rthAv
		OCT ?	1968	13.2	e S.	E middle	WALL OF	12	06	0		5044	olu f		,, ,,,	AT



REG.	NO.	

68-10113

BIRTH NO.	LO CERTIFICA	TE OF DEATH							
1. NAME OF DECEASED (Type or Print)				2. DATE AND HOUR OF DEATH					
Marshall, Mal	Lachi	9-29-68 3:40 a. M							
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRON		4. USUAL RESIDENCE (Where deceosed lived, If institution; residence before odmission) A. STATE B. COUNTY Maryland							
FULL NAME OF (IF NOT IN HOSPITAL OR INSTANCE) HOSPITAL OR ADDRESS OR LOCATION)	TITUTION, GIVE STREET	C. CITY OR TOWN	In IN	SIDE CITY LIMITS					
INSTITUTION Provident Hospital		Baltimore	D. 114	YES NO					
3 9 1514 Division Street	et	E. STREET AND NUMBER		123 [2]					
Baltimore, Maryland	đ	604 Collet	tt Street						
5. SEX 6. RACE 7. MARRIE	D NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Hrs. Months: Doys Hours Min.					
Male Negro WIDOWE	ED ? DIVORCED	1-28-76	92						
10A. USUAL OCCUPATION (Give kind of work 10B. KIND	OF BUSINESS OR INDUSTRY		eign country)	12. CITIZEN OF WHAT COUNTRY					
done during most of working life, even if retired)				II S A					
?	?	?		U. S. A.					
13. FATHER'S NAME	2	14. MOTHER'S MAIDEN NA	ME	• 2					
				/ •					
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dates of service)		17. INFORMANT		ADDRESS					
?	217-01-8421	Hospital	Chart						
18. 969.9	CAUSE OF DEAT	.H		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH					
DISEASES OR CONDITIONS, if any, givinise to the obove cause (A) stating the UNDERLYING CONDITION last.	(c)	5 A CONSEQUENCE OF:							
TO THE DEATH BUT NOT RELATED TO THE TERMINA Consider the death but not related to the termina Consider the death but not related to the termina To the death but not related to the termina To the death but not related to the termina To the death but not related to the termina To the death but not related to the termina To the death but not related to the termina To the death but not related to the termina To the death but not related to the termina To the death but not related to the termina To the death but not related to the termina To the death but not related to the termina To the death but not related to the termina To the death but not related to the termina To the death but not related to the termina To the death but not related to the termina To the death but not related to the terminal To the death but not related to the terminal To the death but not related to the terminal To the death but not related to the terminal To the death but not related to the terminal To the death but not related to the terminal To the death but not related to the terminal To the death but not related to the terminal terminal To the death but not related to the terminal terminal terminal To the death but not related to the terminal	AL ST	gunal Hern							
198. CONDITION FO WAS PERFORMED	R WHICH OPERATION	NO		E FINDINGS CONSIDERED AUSES OF DEATH?					
OR CONTRIBUTING CAUSE OF	21B. PLACE OF INJURY (e.g., name, form, factory, street, a	in or about 21C. WHERE DID office bldg., INJURY OCCUR?	(If in Boltim	ore City, give exact location)					
₹ OF INJURY	While At Not While Work At Work		JURY OCCUR?						
22. I certify that (I) (this hospital) attended		9-23-68	10 to	9-29-68					
that (I) (we) last saw the deceosed alive or			hot in (my) (our) as	pinion deoth occurred on the dot					
and hour ond from the couses stated above.	. (1) (We) (did) (did not)	view the body ofter deoth							
23A. SIGNATURE	o MA			23B, DATE SIGNED					
Terenta a. or	icha, 17. AH	ending Med.	Staff Phys	9-30-68					
23C. PHYSICIAN'S NAME (Type) TERESITA	A. CACHA M.	23D. ADDRESS Provi 1514 Division	dent Hospid Street- Ba	9-30-68 tal altimore, Maryland					
Burial (Specify) 248. DATE 10/3/68	Mt Auburn	EMATORY 24D.	Baltimore	City, town, or county) (Stote)					
25A. DATE REC'D BY HEALTH DEPT. 25B. NAM	e of registrar	2 Adolphus	Halstead	1206 W North Av					

VS 150-REV. 1/1/68



68-10114 BALTIMORE CITY HEALTH DEPARTMENT MEDICAL EXAMINER'S CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE Known X Month Day Year (Type or Print) OF KENNETH LEE MC CALLEY Estimoted October 2, 1968 DEATH DATE 4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD Month Hour PRONOUNCED DEAD FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET October 2. 1968 8:20 P. M. HOSPITAL ADDRESS OR LOCATION) OR INSTITUTION 5. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission) (DOA) A. STATE B. COUNTY South Baltimore General Hospital Maryland Anne C. CITY OR TOWN D. INSIDE CITY LIMITS? 6. SEX 8. MARRIED NEVER MARRIED Male White NO X WIDOWED DIVORCED Pasadena YES 9. DATE OF BIRTH 10. AGE (In years If Under 1 Yr. If Under 24 Hrs. E. STREET AND NUMBER Point lost birthday) Months | Doys , Hours | Min. Feb. 14/36 Box 240 Long Road 11. BIRTHPLACE (State ar loreign country) 13. FATHER'S NAME 12. CITIZEN OF WHAT COUNTRY? Floyd McCauley Charlottesville, Va. 14A.USUAL OCCUPATION (Give kind of work 14B. KIND OF BUSINESS OR INDUSTRY 15. MOTHER'S MAIDEN NAME done during most of working lile, even il retired) Shaver Tire Co. Lena Laborer 16. WAS DECEASED EVER IN U.S. ARMED FORCES? SOCIAL SECURITY NO. LITK TOWN 18. INFORMANT **ADDRESS** (Yes, no or unknown) (If yes, give wor or dotes of service) Mr. Floyd McCauley (father) Same As #5 APPROXIMATE INTERVAL CAUSE OF DEATH BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY (A) IMMEDIATE CAUSE Acute ethylism LEADING TO DEATH (This does not meon the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO, OR AS A CONSEQUENCE OF: ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C)__ CERTIFICATION 11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20 A. DATE OF OPERATION 208. CONDITION FOR WHICH OPERATION WAS PERFORMED 21. AUTOPSY? (Yes or No) Yes 22B. PLACE OF INJURY (e.g., in or about 22C. WHERE DID (If in Baltimore City, give exact location) EXTERNAL CAUSE WAS home, form, foctory, street, office bldg., etc.) INJURY OCCUR? UNDERLYING OR CONTRIB UTING CAUSE OF DEATH. 22D. TIME (Month) (Doy) (Yeor) (Hour) 22E.INJURY OCCURRED 22F. HOW DID INJURY OCCUR? OF INJURY NOT WHILE I WHILE AT (APPROX.) AT WORK WORK I certify that I held on Inquiry Inspection Autopsy X ond that an this bosis, deoth in my opinion resulted from: Notural couses X Homicide ___ Accident Suicide Undetermined monner CHIEF MEDICAL EXAMINER DATE SIGNED ACTUAL ASSISTANT MEDICAL EXAMINER SIGNATURE EXAMINER'S Charles S. Springate, M.D. ASSOCIATE MEDICAL EXAMINER October 3, 1968 NAME (Type)

24C. NAME of CEMETERY or CREMATORY

Balto. National Cem.

25 C.

24D, LOCATION

DIRECTOR

(City, town, or county)

Singleton Funeral Home Glen Burniem Marvland

Baltimore, Maryland

(Stote)

VS 151-REV. 1/1/6B

REMOVAL (Specify)

Burial

24A. BURIAL CREMATION,

25A. DATE REC'D BY HEALTH DEPT.

24B. DATE

Oct.

1968

25B. NAME OF REGISTRAR

TANK OF THE SECOND

ER SEV

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To the state of th

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	BALTIMORE CITY		
8-10115	CEDITIEICA	TE O	E DEATH

REG. NO. 68-10115

BIRTH NO.	CERTIFICATE	OF DEATH	KEG. NO	
1, NAME OF DECEASED		2. DATE AND	HOUR OF DEATH	
Maomi M. Denny		Oct	3. 1968	M.
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCE	D DEAD 4. U	SUAL RESIDENCE (Where	deceased lived. If ins	M. Milution: residence before admission
FULL NAME OF HOSPITAL OR INSTITUTION ADDRESS OR LOCATION)	N, GIVE STREET	Md.	D. INSIC	DE CITY LIMITS? 3 -01
90, Belredere	E. S	TREET AND NUMBER		YES NO NO
House of the Gines Nursin	gHome 3	838 Kolono	lare t	Dolto 212 11
winowents!	EVER MARKIED		AGE (In years st birthday)	Months Doys Hours Min.
female white wild of work 108, KIND OF BUS done during most of working life, even if retired)	INESS OR INDUSTRY 11. B	INTHPLACE (State or foreign	country)	12. CITIZEN OF WHAT COUNTRY?
Teller Bank	sing	Balto.		1. S.a.
13. FATHER'S HAME & MI	14. %	MOTHER'S MAIDEN NAM	/	
75. Was Deceased Ever in U. S. Armed Forces?	SOCIAL 19-IT	FORMANT //	rung	ADORESS .
(IVes, no or unknown) (If yes, give wor or dates of service)	SECURITY NO.	I. Flise Ok	Don 3703	Volley Il Dame
18. 5 90,01	CAUSE OF DEATH		0,-0,	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	(A) IMMEDIATE CAUSE	minua		1 year
(This does not mean the mode of dying, e.g., heart failure, astherio, etc. It means the disease,	DUE TO, OR AS A CON	SEQUENCE OF:		
injury or complication which caused death.) ANTECEDENT CAUSES	Charge	hulbuk	witis	3 yran
DISEASES OR CONDITIONS, if ony, giving	DUE TO, OR AS A CO	INSEQUENCE OF:	7777	7
rise to the obove couse (A) stoting the UNDERLYING CONDITION lost.	(c)	0 0		V
_ 600.0 11	(- / - / - / - / - / - / - / - / - / -			
O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).			*********************	
19A. DATE OF OPERATION 19B. CONDITION FOR WHICE	CH OPERATION 2	A. AUTOPSY? (Yes or No)	20B, IF YES, WERE F IN CERTIFYING CAU	INDINGS CONSIDERED USES OF DEATH?
U 21A. ACCIDENT WAS UNDERLYING 21B. PLA	CE OF INJURY (e.g., in or o	bout 21C. WHERE DID Idg., INJURY OCCUR?	(If in Boltimore	City, give exoct location)
21D.TIME (Month) (Doy) (Yeor) (Hour) 21E, INJ OF INJURY (APPROX.) While A	TO Not While At Work	21F. HOW DID INJU	RY OCCUR?	
22. I certify that (I) (this hospital) attended the d	eceased fram	4/9 19	68 10	10/3 1968,
that (1) (we) last sow the deceosed alive an	9/28	19 6 8 and that	t In(my) (aur) apin	nian death occurred on the date
ond hour ond from the couses stoted obove. (1) (W	e) (did) (did not) view t	the body ofter death.		23B. DATE SIGNED
Sulda C. Prauls	M.D. Attending	Med. S	taff hys.	10-3-68
23C. PHYSICIAN'S NAME (Type)	DEGREE	ADDRESS		
Sheldon C. Kravitz M				lto.Md. 21215
gemoval (Specify) Ort 5 1014	day Abeloto	newstates 1.	Rath 1	(Stote)
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF RI	GISTRAP 2	SC FUNGRAL DIRECTOR	ano .	ADDRESS
001 N 1004 A 2 2 6	T.0. 4.2 1	oring Byers	8728 Libert	v Rd: Randallstown



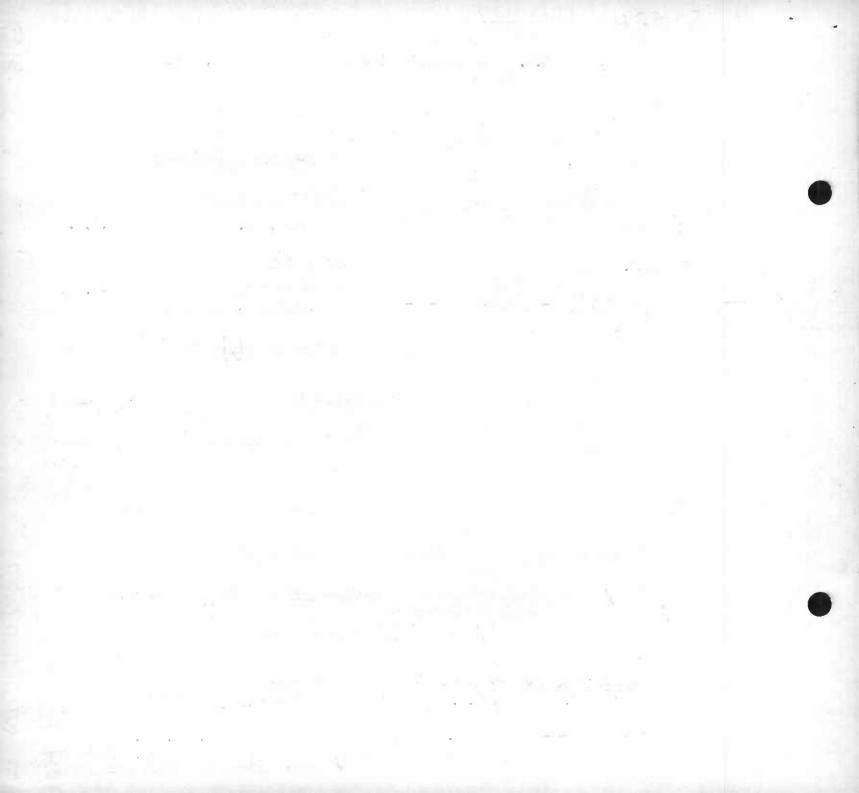
Such

BALTIMORE C	TITY HEALTH DEPAI	RTMENT	68-10116
BIRTH NO.	ATE OF DI	EATH REG. NO	00 10110
BIRTH NO. 1, NAME OF DECEASED		2. DATE AND HOUR OF DEAT	
Type or Print) Willie P. Baxley		October 4, 1968	3
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESID	DENCE (Where deceased lived, If	institution: residence before admission
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET	Maryland		(1) 5.3.00
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) NSTITUTION	C. CITY OR TOW		VSIDE CITY LIMITS?
	Edgemer	е	YES NO
Baltimore City Hospital (DOA)	E. STREET AND		
99	3208 Wh	iteway Road	
SEX 6. RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRT	H 9. AGE (In years	If Under 1 Yr. If Under 24 Hrs. Months: Doys Hours: Min.
Male White WIDOWED DIVORCED	Nov. 15,	1885 lost birthdoy	
OA. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUS	TRY 11. BIRTHPLACE	(State or foreign country)	12. CITIZEN OF WHAT COUNTRY
one during most of warking life, even if retired) Watchman — Carmont Mills Textile	South C	arolina	U. S. A.
3. FATHER'S NAME	14. MOTHER'S		
Willie Baxley	Betty		
	_	-	ADDOCC
5. Wos Deceosed Ever in U. S. Armed Forces? Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO. 247-16-51	INFORMANT	(Daughter)	Edgemere, Md. 21219
No 247-10-051	Mrs. Agn	es McCaskill, 320	08 Whiteway Rd.
18.412.21 CAUSE OF DE	ATH		APPROXIMATE INTERVAL
	diac 1	BUHBAT .	1 , 1
(A) IMMEDIATE	CAUSE	a vac	Juaden
(This does not meon the mode of dying, e.g., heart foilure, osthenio, etc. Il meons the disease,	AS A CONSEQUENCE	OF:	
injury ar complication which coused death.)	erteusive	e C.V. plusea	
ANTECEDENT CAUSES			se 8 yrs.
DISEASES OR CONDITIONS, if ony, giving DUE 10, OR	AS A CONSEQUENC	E OF:	
rise to the obove couse (A) stoting the UNDERLYING CONDITION lost.	eriosch	MATIES)	8 urs.
CONTRACTOR OF THE CONTRACTOR O			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING			
TO THE DEATH BUT NOT RELATED TO THE TERMINAL			
DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION WAS PERFORMED	20A. AUTOPS	Y? (Yes or No) 208, IF YES, WEI	RE FINDINGS CONSIDERED CAUSES OF DEATH?
WAS PERFORMED	No	IN CERTIFYING	CAUSES OF DEATH?
21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.) OR CONTRIBUTING CAUSE OF home, form, foctory, street	g, in or obout 21 C. W	HERE DID (If in Boltin	nore City, give exoct location)
OR CONTRIBUTING CAUSE OF home, form, foctory, street etc.)	, onice oldg., INJUKI	OCCUR:	
Q 21D. TIME (Month) (Doy) (Year) (Hour) 21E, INJURY OCCURRED	21F. HG	OW DID INJURY OCCUR?	
OF INJURY While AL Not \	White		
(APPROX) Work L At W	/ork	14	0 11 1-
22. I certify that (1) (this haspital) attended the deceased fram	4-1-	1967 to /	0-4 1968
that (1) (we) last sow the deceased alive on 8-22	19.6.8	ond that in (my)	opinion deoth occurred on the da
ond hour and from the causes stated above. (1) (did na	t) view the bady o	fter death.	
23A. SIGNATURE			23B, DATE SIGNED
Rous n. Rollin M. W.		ed. Staff Phys.	10/4/68
23C.PHTSICIAN'S	23D. ADDRESS	11175	
NAME (Type)		bl. D. L. L. D. D. D. D. D.	1.1
Louis N. Tollin M.D.	PREE		timore, Md. 21219
4A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of REMOVAL (Specify)		24D. LOCATION	(City, town, or county) (State)
Burial 10/7/68 Moreland Memori	lal Park	! • B	altimore, Maryland
SA. DATE REC'D BY HEALTH DEPT. 258. NAME OF REGISTRAR	7 7 7	AL DIRECTOR	ADDRESS
OCT 7 1968 Relient E. Farber, MA	John J	. Duda, 7922 Wise	Ave. Dundalk, Md.
The state of the s			

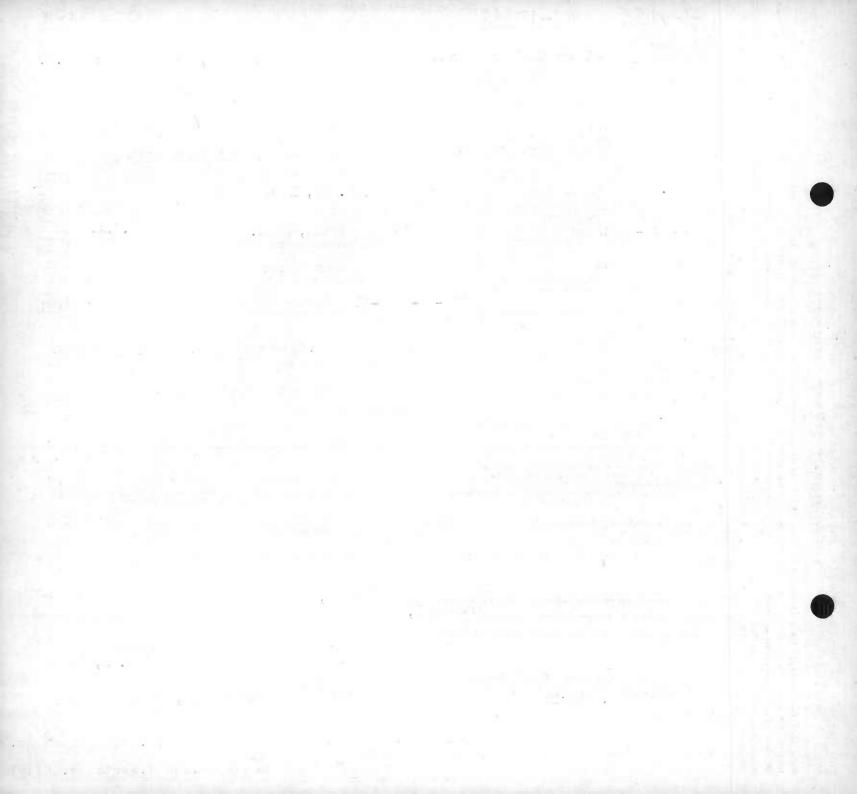
VS 150-REV. 1/1/6B

Andrew arms Suite

1. N	5-520 68-1	10117		TE OF DEATH	REG. NO.	68-10117
	TH NO.		CERTITICA		D HOUR OF DEATH	
, , , p	Pe or Print) TOMES Tohn T	A (Jo	hn Louis All		er 4, 1968	1 =
2	PLACE IN BALTIMORE, MARYLAND, W			4. USUAL RESIDENCE (When	e deceased lived. If in	stitution: residence before admis
FU	ILL NAME OF UE NOT IN HOSPITA			Maryland Bal	timore (53-00
IN:	STITUTION	/		C. CITY OR TOWN	D. INSI	DE CITY LIMITS?
1	Veterans Admin		_	Timonium E. STREET AND NUMBER		YES NO X
	3900 Loch Rave				17-2	
	Baltimore, Mar			319 Jody Way	(Jodyway)	If Under 1 Yr. If Under 24
	SEX 6. RACE		NEVER MARRIED		lost birthdoy)	If Under 1 Yr. If Under 24 Months Doys Hours Mi
	Male White	WIDOWED		8/29/28	40	
don	A. USUAL OCCUPATION (Give kind of work ne during most of working life, even if retired) Engraver	(Mach:	ine shop)	Baltimore, Md	gn country)	U.S.A.
13.	FATHER'S NAME			14. MOTHER'S MAIDEN NAM	ΜE	
10	Lewis R. Jones	- 2	4 500141	Alice Fiol		ADDRESS
(Yes	Was Deceased Ever in U. S. Armed Fores, no or unknown) (If yes, give wor or date		SECURITY NO.	VA Hospital 3	900 Loch Ra	
	Yes 10/15/46 -	2/26/48	212-26-0528		Maryland	
	1B		CAUSE OF DEAT	-		APPROXIMATE INTERVI
	ANTECEDENT CAUSES DISEASES OR CONDITIONS, if rise to the obove couse (A) UNDERLYING CONDITION last.	ony, giving	(B) Multiple DUE TO, OR AS	sclerosis A CONSEQUENCE OF:		18 years
NOI	3 45 X II OTHER SIGNIFICANT CONDITIONS CO TO THE DEATH BUT NOT RELATED TO TO DISEASE OR CONDITION GIVEN IN PAR	HE TERMINAL				
V	19A. DATE OF OPERATION 19B. CON	DITION FOR WE	IICH OPERATION	20 A. AUTOPSY? (Yes or No	IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?
RTIFICAL	old a					
CAL CERTIFICAT	OR CONTRIBUTING CAUSE OF	21B. Pi hame, etc.)	ACE OF INJURY (e.g., i farm, foctory, street, of	n or obout 21 C. WHERE DID fice bldg., INJURY OCCUR?	(If in Baltimor	e City, give exact location)
U	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21D. TIME (Month) (Day) (Year)	hame, etc.)	farm, foctory, street, of	21F. HOW DID INJ	,	e City, give exact location)
CALC	21A, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	(Hour) 21 E, II	NJURY OCCURRED At Not While	21F. HOW DID INJ	,	e City, give exact location)
CALC	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21D.TIME (Month) (Day) (Year) OF INJURY (APPROX.)	(Hour) 21 E, II While Work	NJURY OCCURRED At Not While At Work	21F. HOW DID INJ	URY OCCUR?	
CALC	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21D. TIME (Month) (Day) (Year) OF INJURY (APPROX.) 22. 1 certify that (1) (this haspital)	(Hour) 21 E. II While Work	At Not Whil At Work deceased fram 0	21f. How did inj	ury occur?	ber 4th 19 (
CALC	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21D. TIME (Month) (Day) (Year) OF INJURY (APPROX.) 22. 1 certify that (1) (this haspital that (1) (we) last saw the decease	(Hour) 21E, II While Work I) attended the	At Not While At Work deceased from October 1th	21f. How DID INJ ctober 2nd 19 68 and th	ury occur?	ber 4th 19 (
CALC	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21D. TIME (Month) (Day) (Year) OF INJURY (APPROX.) 22. 1 certify that (1) (this haspital that (1) (we) last saw the decease and haur and fram the causes star	(Hour) 21E, II While Work I) attended the	At Not While At Work deceased from October 1th	21f. How DID INJ ctober 2nd 19 68 and th	ury occur?	ber 4th 19 (
CALC	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21D. TIME (Month) (Day) (Year) OF INJURY (APPROX.) 22. 1 certify that (1) (this haspital that (1) (we) last saw the decease	(Hour) 21E, II While Work I) attended the	At Not While At Work deceased from October Lith	21F. HOW DID INJ ctober 2nd 19 68 and the	ury occur? 1968 ta Octo at in(hy) (aur) api	ber 4th 19 (
CALC	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21D. TIME (Month) (Day) (Year) OF INJURY (APPROX.) 22. 1 certify that (1) (this haspital that (1) (we) last saw the decease and haur and fram the causes star	(Hour) 21E, II While Work I) attended the	At Not While At Work deceased from October Lith	21F. HOW DID INJ ctober 2nd 19 68 and the death.	ury occur?	ber 4th 19 6
CALC	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21D. TIME (Month) (Day) (Year) OF INJURY (APPROX.) 22. 1 certify that (1) (this haspital that (1) (we) last saw the decease and haur and fram the causes star	(Hour) 21E. II While Work I) attended the ed alive an	At Not While At Work deceased from October 1th (We) (did) Add gal	21F. HOW DID INJ ctober 2nd 19 68 and the riew the bady after death. miding Med. Director	ury occur? 1968 to Octo at in (hy) (aur) api Shaff X och Raven Bo	ber 4th 19 6 nian death accurred an the 238, DATE SIGNED 10/4/68 pulevard
MEDICAL C	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21D. TIME (Month) (Day) (Year) OF INJURY (APPROX.) 22. 1 certify that (1) (this haspital that (1) (we) last saw the decease and haur and from the causes stated and haur and ha	(Hour) 21E. II While Work I) attended the ed alive an ted abave. (1)	At Not While At Work deceased from October 1th (We) (did) Add gal	21F. HOW DID INJ ctober 2nd 19 68 and the riew the bady after death. miding Med. Director	ory occur? 1968 to Octo of in (A) (our) opi Shoff X Phys. X och Raven Boore, Md 2121	ber 4th 19 6 nian death accurred an the 238. DATE SIGNED 10/4/68 pulevard
MEDICAL C	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21D. TIME (Month) (Day) (Year) OF INJURY (APPROX.) 22. I certify that (1) (this haspital that (1) (we) last saw the decease and haur and fram the causes stated and haur and ha	(Hour) 21E. II White Work I) attended the ed alive an	At Not While At Work deceased fram October 4th (We) (did) (d/d/ya) Attended to the Company of th	21F. HOW DID INJ ctober 2nd 19 68 and the death. Inding Med. Director 22D. ADDRESS 3900 LC Baltime	och Raven Boocation (C)	ber 4th 19 6 nian death accurred an the 23B. DATE SIGNED 10/4/68 oulevard 8
WEDICAL C	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21D. TIME (Month) (Day) (Year) 22D. TIME (Month) (This haspital that (A) (we) last saw the decease and haur and from the causes star 23A. SIGNATURE 23C. PHYSICIA TS (A) 23C. PHYSICIA TS (A) 24B. DATE (TAR) A. BURIAL CREMATION, REMOVAL (Specify) BURIAL (1) 24B. DATE	(Hour) 21E II While Work I) attended the ed alive an	At Not While At Work deceased from October 1th (We) (did) Add for the Phy Decree Phy Dec	21F. HOW DID INJ Ctober 2nd 19 68 and the riew the bady after death. Inding Med. S. Director D. 23D. ADDRESS 3900 LC Baltime EMATORY 24D. L. Cemetery 25C. FUNERAL DIRECTOR	och Raven Boocation (C) Balto. Co.	ber 4th 19 6 nian death accurred an the 23B. DATE SIGNED 10/4/68 oulevard 8 lity, town, or county) (Ste
WEDICAL C	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21D. TIME (Month) (Day) (Year) OF INJURY (APPROX.) 22. I certify that (1) (this haspital that (1) (we) last saw the decease and haur and fram the causes stated and haur and ha	(Hour) 21E. II White Work I) attended the ed alive an	At Not While At Work deceased from October 1th (We) (did) Add for the Phy Decree Phy Dec	21F. HOW DID INJ ctober 2nd 19 68 and the death. Inding Med. Director 22D. ADDRESS 3900 LC Baltime EMATORY 24D. L Cemetery 25C. FUNERAL PIRECTOR	och Raven Boore, Md 2121 Ocation (C) Balto. Co.	ber 4th 19 6 nian death accurred an the 23B. DATE SIGNED 10/4/68 oulevard 8



A-130 68-1011	BALTIMORE CIT	Y HEALTH DEPARTMENT		68-10118
H-/30 68-1011	CERTIFICA	TE OF DEATH	REG. NO.	00 10110
1.NAME OF DECEASED Sister Cecilia	a Abbott		oer 1, 1968	
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRO	NOUNCED DEAD	4. USUAL RESIDENCE (Where	deceased lived. If i	nstitution: residence before odmissio
FULL NAME OF HOSPITAL OR IN ADDRESS OR LOCATION) INSTITUTION TEAD A CREAT MENT OF THE PROPERTY OF THE PROPERT			ity	IDE CITY LIMITS!
94 Villa Saint Mich		E. STREET AND NUMBER 4000 Forest I	Hill Road	21207
5. SEX 6. RACE 7. MARR WIDOW	ED NEVER MARRIED X	B. DATE OF BIRTH Feb. 22, 1880	ost birthdoy)	If Under 1 Yr. If Under 24 H Months: Days Hours Min.
IOA, USUAL OCCUPATION (Give kind of work 108, KINE done during most of working life, even if retired) Nurse - retired Sist	of Business or Industri Ger of Charity	Boston, Mass.	gn country)	12. CITIZEN OF WHAT COUNT
3. FATHER'S NAME	or on oner roy	14. MOTHER'S MAIDEN NAM	\E	O.D.A.
James Abbott		Anna Powers		
5. Was Deceased Ever in U. S. Armed Forces? Yes, no or unknown) (If yes, give wor or dates of service)	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
No	219-54-0239-	Jl Sister Andr	'ea	same address
18.412,41	CAUSE OF DEAT	r H		APPROXIMATE INTERVAL
(This does not mean the made of dying, theart failure, asthenia, etc. It means the discriniury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if ony, give it a the above cause (A) stoting	(B)	A CONSEQUENCE OF: General art A CONSEQUENCE OF:	eriosclero	sis 12 years
UNDERLYING CONDITION lost. 1	AL	20A. AUTOPSY? (Yes or No)	208. IF YES, WERE	FINDINGS CONSIDERED
None None 198. CONDITION F			IN CERNIFIING CA	(0252 OL DEATH:
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	21B. PLACE OF INJURY (e.g., home, form, foctory, street, etc.)	in or obout 21C. WHERE DID office bldg., INJURY OCCUR?	(If in Bottimo	re City, give exoct locotion)
21D.TIME (Month) (Day) (Yeor) (Hour) OF INJURY (APPROX.)	21 E. INJURY OCCURRED While At Not Whi Work At Work	21F. HOW DID INJU	JRY OCCUR?	1183
22. I certify that (1) (this haspital) attended		7056	9to Octo	ber, 1968
that (I) (we) last saw the deceased alive	October 1,	1968 and the		inian death accurred an the d
and haur and from the causes stated above	e. (I) (We) (did) (did nat)	view the body after death.		23B. DATE SIGNED
23A. SIGNATURE	AH	ending [v] Med.	Staff	Oct. 1, 1968
23C. PHYSICIAN'S NAME (Type) Damian P. Alagia	DEGREE Ph	23 D. ADDRESS	Phys.	Saltimore 21228
	DEGREE C.NAME of CEMETERY OF CE			city, town, or county) (State)
Burial 10/3/68	St. Michael	(on grounds of	Seton In	City st.6400 Wabash A
	A Para a selection of the Control of	299 FUNERAL DIRECTOR		W.North Av., Cit
VS 150-REV. 1/1/6B	w go so Chil			, , , , , ,



STEWART & MOWEN CO.108 W. North Av. Cityl VS 150-REV. 1/1/68

If Under 24 Hrs.

Hours

APPROXIMATE INTERVAL

BETWEEN ONSET AND DEATH

19 68

ADDRESS

IMPORTANT DIRECTOR: FUNERAL

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TTT #201 23830

TO TOURNESS NO. STILL TO

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Aller Aller and an are

IMPORTANT

VS 150-REV, 1/1/6B

If Under 24 Hrs. Hours Min.

Hours

APPROXIMATE INTERVAL

BETWEEN ONSET AND DEATH

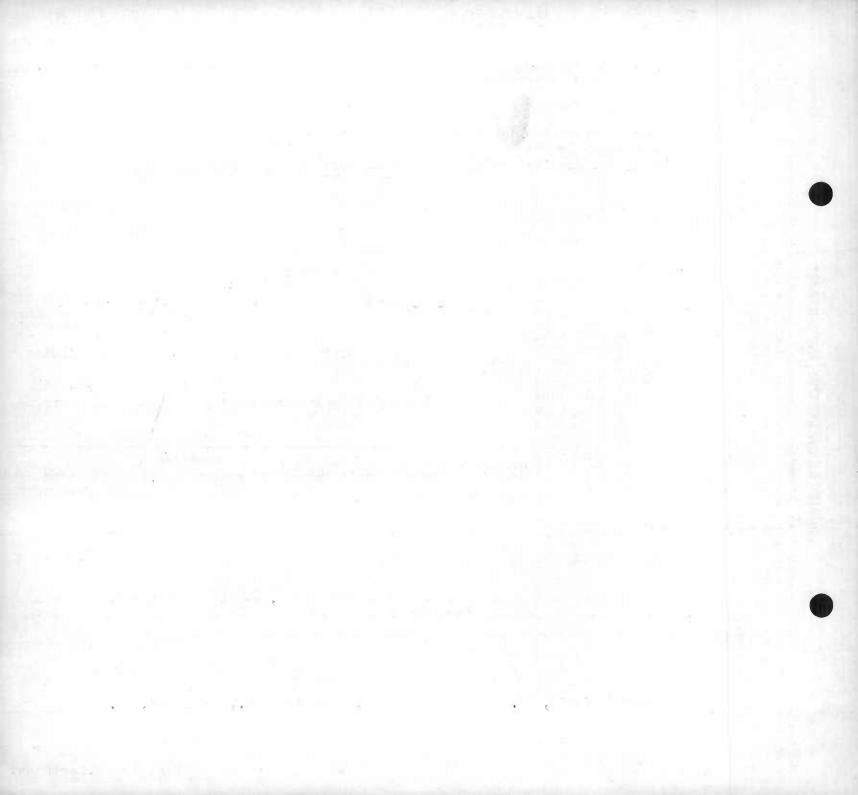
15 minutes

at least

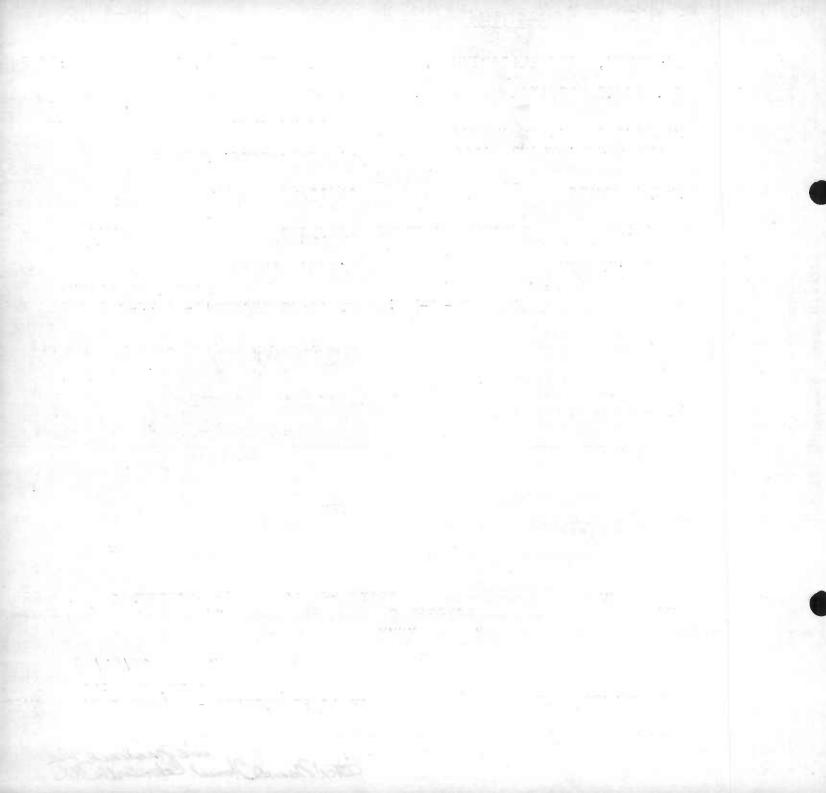
20 years

50 years

ADDRESS



VS 150-REV. 1/1/6B



T-250 68-101		HEALTH DEPARTMENT		68-10122
BIRTH NO.	-CERTIFICA	TE OF DEATH	REG. NO	00 1011
1. NAME OF DECEASED (Type or Print) ANNA TISSON	1	2. DATE A	t 3 1968	635 Pm
3. PLACE IN BALTIMORE, MARYLAND, WHERE PR	•	4. USUAL RESIDENCE (WH	NTY	nstitution: residence before admission)
FULL NAME OF (IF NOT IN HOSPITAL OR IN HOSPITAL OR IN ADDRESS OR LOCATION)	4 4	C. CITY OR TOWN	altimore	City 1103
Maryland General	Hashital	Baltin	nove	YES NO
glaryland severa	1100/1101	E. STREET AND NUMBER	rk Aven	ne
1/1/	RIED NEVER MARRIED DIVORCED DIVORCED	8. DATE OF BIRTH	9. AGE (In years last birth-day)	If Under 1 Yr. If Under 24 Hrs. Months Days Hours Min.
IOA. USUAL OCCUPATION (Give kind of work 10B. KIN done during most of working life, even if retired)	,	11. BIRTHPLACE (State or for	reign country)	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME	ome	14. MOTHER'S MAIDEN N	AME	0,-,
Toba Hallman		H	II.	(Same)
15. Was Deceased Ever in U. S. Armed Forces?	1 6. SOCIAL	17. INFORMANT	remann	ADDRESS
(Yes, no or unknown) (If yes, give war or dates of serv	216-32-483	7 - 60	1	
18, () ()	CAUSE OF DEAT	t cha	\ \	APPROXIMATE INTERVAL
DISEASE OR CONDITION DIRECTLY	ASPIR	Amon of	VOMITU	BETWEEN ONSET AND DEATH
(This does not mean the made of dying,		A CONSEQUENCE OF:		
heart failure, asthenia, etc. It means the dis- injury or camplication which coused death.)	appen.	OMA OF	BREAST	5
ANTECEDENT CAUSES	(B) Me	DASTASET		
DISEASES OR CONDITIONS, if ony, g	i villig	A CONSEQUENCE OF:		
UNDERLYING CONDITION last.	(c)	•••••••		
7 /70X II				
O OTHER SIGNIFICANT CONDITIONS CONTRIBUT TO THE DEATH BUT NOT RELATED TO THE TERMI DISEASE OR CONDITION GIVEN IN PART 1 (A).				
19A, DATE OF OPERATION 19B, CONDITION	FOR WHICH PRENATION	20A. AUJOPSY? (Yes or)	o) 208. IF YES, WERE	FINDINGS CONSIDERED
9-25-1968 WASPERFORMED	ioma & Drea		IN CERTIFING CA	COSES OF DEATH?
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	218. PLACE OF INJURY (e.g., i home, farm, factory, street, of etc.)	n or about 21C. WHERE DID ffice bldg., INJURY OCCUR?	(If in Boltimo	re City, give exact location)
OF INJURY (Manth) (Day) (Year) (Hour)	21E. INJURY OCCURRED	21F. HOW DID IN	IJURY OCCUR?	
(APPROX.)	While At Not While Work At Work	e	(C 0	11 5 10
22. I certify that (1)(this hospital) attend		ept, 10	19 68,00	toher 3 1968.
that (1) (we) last sow the deceased alive		19 6 ond 1	that in (my) (our)op	Inion deoth accurred an the date
ond hour and fram the couses stoted obo				
23A/SIGNATURE				23 B. DATE SIGNED
Kichard C. Keec	L DEGREE Phy	ending Med. Director	Staff Phys.	10-4-1968
23C.PHYSICIAN'S NAME (Type)		23D. ADDRESS	0 4.	Rida
RICHARD C. Kee	Ch, M. D DEGREE	827 hund	len /re	Baltimore Md.
24A. BURIAL CREMATION, 248. DATE REMOVAL (Specify)	C. NAME of CEMETERY OF CRI	EMATORY 24D.	LOCATION (C	City, town, or county) (State)
BURIAL 10/7/68	DAKLAWN CE	metery 6	BALTO. Co	., Md.
25A. DATE REC'D BY HEALTH DET. 258. NA	ME OF REGISTRAR	2 SC FUNERAL DIRECTO		ADDRESS
	1 10	has 114	11 11 12	1- 1)1- ST DAVIS

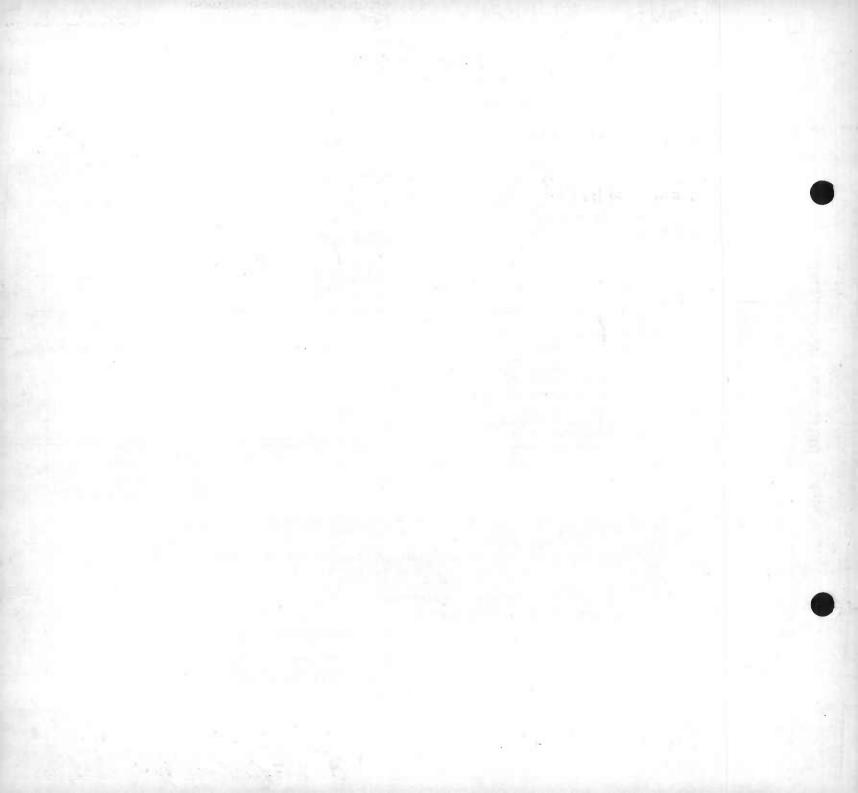
VS 150-REV. 1/1/68

ST. PAUL ST



ORRECHIER

68-10124	BALTIMORE CITY	HEALTH DEPARTMENT		68-10124
BIRTH NO. 65-24294	CERTIFICA	TE OF DEATH	REG NO	00-10124
NAME OF DECEASED	11 10 11		D HOUR OF DEATH	1
COUSEIL, SUBITI		N: 10/4/	168 23	PM
B. PLACE IN BALTIMORE, MARYLAND, WHERE PRONDUNCED	DEAD	A. STATE B. COUN	ITY	institution; residence before admission
ULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, ADDRESS OR LOCATION)	GIVE STREET	MARYLAND	139 / treasur	16 33-00
ISTITUTION		C. CITY OR TOWN		SIDE CITY LIMITS?
SINAI HOSPITAL		E. STREET AND NUMBER		21237
42		8338 Phil	ladel phia	Rd #37
SEX 6. RACE 7. MARRIED NE	VER MARRIED	8. DATE OF BIRTH	9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 H Months! Doys Hours! Min.
FEM. WHITE WIDOWED	DIVORCED [9/28/63	3	
IOA, USUAL OCCUPATION (Give kind of work 108, KIND OF BUSIN done during most of working life, even if retired)	NESS OR INDUSTRY	11. BIRTHPLACE (State or fore	ign country)	12, CITIZEN OF WHAT COUNT
Child.		Baltmore		U-5 A.
13. FATHER'S NAME		14. MOTHER'S MAIDEN NA	ME	
John (Deceased).		JOHN KI	9NE	
	COLAL ECURITY NO	17. INFORMANT		ADDRESS
N.O		Chart		
/3/W	CAUSE OF DEATH	1		APPROXIMATE INTERVA
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH		COSTICAL	1000-	
(This does not meon the mode of dying, e.g.,	(A) IMMEDIATE CAU	SE CORTICAL -)	TEPHTIC	Tun Scays
heart foilure, asthenio, etc. It means the disease, injury or complication which coused death.)	502 TO, 011 NO	D (CENTRI	// /
ANTECEDENT CAUSES				
DISEASES OR CONDITIONS, if ony, giving	DUE TO, OR AS	A CONSEQUENCE OF:		
rise to the above couse (A) stoling the UNDERLYING CONDITION lost.	(c)			
583 X II	/_/	~ 0 ~ 0 ~ 0 ~ 0 ~ 0 ~ 0 ~ 0 ~ 0 ~ 0 ~ 0		
O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING				
TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).		I CO A	N can in Man	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH 8UT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 199A. DATE OF OPERATION 199B. CONDITION FOR WHICH WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING 121B, PLACE	OPERATION	20 A. AUTOPSY? (Yes or No	IN CERTIFYING C	FINDINGS CONSIDERED AUSES OF DEATH?
U 21A. ACCIDENT WAS UNDERLYING 21B. PLACE	E OF INJURY (e.g., in	n or obout 21 C. WHERE DID	(If in Boltim	ore City, give exact location)
▼ DEATH (notify medical examiner) etc.)	n, foctory, street, of	fice bldg., INJURY OCCUR?		
21D.TIME (Month) (Doy) (Year) (Hour) 21E INJUI OF INJURY While At [RY OCCURRED	21F. HOW DID INJ	IURY OCCUR?	
While At [Not While	•		
22. I certify that (I) (this haspital) attended the dec		_	19 68 to	40ct 196
	Oct	- // 1		oinian death accurred an the d
and haur and fram the causes stated abave. (1) (We)			(, , (abi / a)	
23A. SIGNATURE	, (did) (did har) V	tem the body after death.		23 B. DATE SIGNED
x Just Strange MD.	ni.	nding Med.	Staff Phys.	40 of 68
	DEGREE	23D. ADDRESS	rnys. —	100100
23C. PHESICIAN'S NAME (Type)				
24A. BURIAL CREMATION, 248. DATE 24C. NAME of	DEGREE OF CRE	MATORY 24D. L	OCATION (City, town, or county) (State
B. 112 01 10/7/18 (PD)	als Lu	SITIL D	nito 1	a Made
25A, DATE REC'D BY HEALTH DEPT. 25B. NAME OF REG	GISTRAR	25C FUNERAL PARECTO	7010.	ADDRESS
BOST T TORSE OO ALO TE DE	8 0 0	2 20 /25	Budle	7, Duloch, MO
S 150-REV, 1/1/6B		AP INVIAL	1-200	11-11-11-



VS 150-REV. 1/1/65

0 7 The I get with specialist a first section

	AME OF DEC	EASED			2. DA	ATE AND HOUR OF DEATH	1
(i y j	oe or Print)	ANNE	CRISP	MOORE		10/3/68	5:00 &.
FU	PLACE IN SAL	TIMORE, MARYLAND, V	VHERE PRONO	UNCED DEAD	4. USUAL RESIDENCE	E (Where deceased lived, If i COUNTY	institution: residence before odm
FU	LL NAME OF	(IF NOT IN HOSPIT	TAL OR INSTIT	UTION. GIVE STREET	Maryland		0 03
HC	SPITAL OR	ADDRESS OR LOC	ATION)	UTION, GIVE STREET	C. CITY OR TOWN	D. INS	SIDE CITY LIMITS?
					Baltimore		YES X NO
0	O RE	SIDENCE: 270			E. STREET AND NUM		
		Bal	ltimore	, Md. 21218	1	t Paul Street	
5. 9		6. RACE	7. MARRIED	NEVER MARRIED	8. DATE OF SIRTH ?	Inst hirthday)	Months Doys Hours
F	EMALE	WHITE	WIDOWED	X DIVORCED	7/19/1889-	90 78 - 79	
		UPATION (Give kind of wor working life, even if retired)	k 108. KIND O	F BUSINESS OR INDUSTRY	11. 8IRTHPLACE (State	or foreign country)	12. CITIZEN OF WHAT CO
นยก	NONE	morning me, even a renied)			Baltimore,	Maryland	USA
13.	FATHER'S NA	ME			14. MOTHER'S MAIDE		USA
	HED	BERT G. CRIS	SP		T.ATIDA	J. PATTISON	
15		Ever in U. S. Armed Fo		1 6. SOCIAL	17. INFORMANT : I		ADDRESS
(Ye	s, no or unknown	(If yes, give war or dot	es of service)	SECURITY NO.	W. HALOKWINIA .	SACCULOF	VDDKE33
	NO					ger, South &Red	lwood Sts., City
	18. 4/	0.91		CAUSE OF DEAT	Н		APPROXIMATE INTE
	DISEA	SE OR CONDITION DE			0	7.00	/ ~ .
	LEADING TO DEATH (A) IMMEDIATE CAUSE Coronary occlusion 6 -						
	(This daes nat mean the made of dying, e.g., heart failure, asthenia, etc. It means the disease,						
	injury or complication which caused death.)						
	ANTECEDENT CAUSES (B) ACVD; generalized arteriosclerais 10 years						
				(D)	, 80	or el cel roscica	Lo year b
		OR CONDITIONS, if		DUE TO, OR AS	A CONSEQUENCE OF:	od al tel logoro	Data 10 years
	rise la th	OR CONDITIONS, if e abave cause (A) G CONDITION last.		DUE TO, OR AS	A CONSEQUENCE OF:	od al nel logeles	10 90012
	rise Ia th	e abave cause (A) G CONDITION last.		DUE TO, OR AS	A CONSEQUENCE OF:	or al pel roscio	aut y To your s
NO	other Signif	e abave cause (A) G CONDITION last.	stating the	DUE TO, OR AS	A CONSEQUENCE OF:		Land 10 years
CATION	other Signii TO THE DEA'	e abave cause (A) G CONDITION last.	stating the ONTRIBUTING THE TERMINAL RT 1 (A).	(C)	S A CONSEQUENCE OF:		
THICATION	other Signii TO THE DEA'	e abave cause (A) G CONDITION last. I FICANT CONDITIONS CO TH BUT NOT RELATED TO ONDITION GIVEN IN PA	stating the ONTRIBUTING THE TERMINAL RT 1 (A).	DUE TO, OR AS	A CONSEQUENCE OF:		FINDINGS CONSIDERED
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MEDICAL CERTIFIC	rise Ia th UNDERLYIN OTHER SIGNII TO THE DEA DISEASE OR C 19A. DATE OF 21A. ACCIDE OR CONTRIBL DEATH (notify) 21D. TIME OF INJURY (APPROX.) 22. I certify that (I) (we) and hour on 23A. SIGNATU 23C. PHYSICIA NAME (I) BURIAL CRE REMOVAL (I)	e abave cause (A) G CONDITION last. II FICANT CONDITIONS CO. III BUT NOT RELATED TO . ONDITION GIVEN IN PA OPERATION 198. CON WAS PER NT WAS UNDERLYING [JTING CAUSE OF (Month) (Doy) (Year) thot (I) (this hospital lost sow the deceosed from the couses story of the couse story of t	ONTRIBUTING THE TERMINAL RIT 1 (A). NDITION FOR HORNED 21E Hom etc. (Hour) 21E Wh wc of obvector of doored of the control of	WHICH OPERATION SPLACE OF INJURY (e.g., ne, form, foctory, street, or ne) INJURY OCCURRED Mile At Not Which At Work Cotober 2, I) (We) (did) (fid hot) GEGREE Attack Attack DEGREE	20A. AUTOPSY? (Ye. 20A. AUTOPSY? (Ye. 21A. AUTOPSY? (Ye. 21F. HOW D 23F. HOW D 35F. Med. 23D. ADDRESS 3100 St.	DID (If in Boltimo C/P) DID (If in Boltimo C/	FINDINGS CONSIDERED AUSES OF DEATH? Ore City, give exoct location) Ctober 2, 19 Jinion death occurred on the control of the



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	11-6	20 1	68-1012	BALTIMORE CITY	HEALTH DEPARTMENT	1/	68-10128		
- 6			OU TOTA	CERTIFICA	TE OF DEATH	REG NO	00-10150		
	TH NO.	EASED				ND HOUR OF DEATH			
	o or Print)		nk Ernest	Narracci		et. 3, 1968	1:05 A M.		
3. 1	PLACE IN BAL	TIMORE, MARYL	AND, WHERE PRO	NOUNCED DEAD	4. USUAL RESIDENCE (Wh.		nstitution: rosidenco before admission)		
FU	LL NAME OF	(IF NOT IN	HOSPITAL OR IN	STITUTION, GIVE STREET	Pa.	North H			
INS	NOITUTION				C. CITY OR TOWN	D. INS	IDE CITY LIMITS?		
			Service H	lospital	Nazareth		YES NO NO		
13	100 Wyma	an Park I	rive			pect Street			
5. S	M	6. RACE	7- MARR	IED NEVER MARRIED K	8. DATE OF BIRTH 7/1/43	9. AGE (In years tost birthdox)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.		
		JPATION (Give kin working life, even i		OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or for	eign country)	12. CITIZEN OF WHAT COUNTRY?		
gon	Studen		renred)		Pa.		USA		
13.	FATHER'S NAM	ΜE			14. MOTHER'S MAIDEN NA	ME			
	Frank	Narraco	ei		Mary Rampu	lla			
15. Yes	Was Docoasod , no or unknown)	Ever in U. S. A	rmed Farcos? or ar dates of sorvi	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS		
	No			194-34-8931	Records- US	PHS Hospita	al, Balto, Md.		
	1B. / 8 /	V I		CAUSE OF DEAT	Н		APPROXIMATE INTERVAL		
	DISEAS	E OR CONDIT							
	LEADING TO DEATH (A) IMMEDIATE CAUSE Teratocarcinoma of the 1 yr.								
	(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,								
	injury or complication which coused death.) with extensive metastases								
	ANTECEDENT CAUSES								
	DISEASES C	R CONDITION	NS, if any, give	ving DUE TO, OR AS	A CONSEQUENCE OF:				
	rise to the								
	1.00.00.11		1031.	(C)	************************				
z	OTHER SIGNIE	ICANT CONDITIO	NS CONTRIBUTION	NG					
TIO	TO THE DEAT	H BUT NOT RELA	TED TO THE TERMIN						
1C			9B. CONDITION F	OR WHICH OPERATION	20 A. AUTOPSY? (Yes or N	o) 208. IF YES, WERE	FINDINGS CONSIDERED		
CERTIFIC	2.	v	VAS PERFORMED		20 A. AUTOPSY? (Yes or No) 20 B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES				
CE		T WAS UNDER		21B. PLACE OF INJURY (o.g., i	n or about 21 C. WHERE DID	re City, give exect location)			
AL		medical examina		home, form, factory, streat, of	mice bidg., INJURT OCCUR?				
DIC	21 D. TIME	(Month) (Doy)	(Year) (Hour)	21 E. INJURY OCCURRED	21F. HOW DID IN				
ME	OF INJURY			While At Not Whil	e 🗂				
	(APPROX.)			Work LJ At Work					
				ed the deceosed fromA	ug. 12		et. 3 1968,		
	that (I)/(we)	lost saw the	deceased alive	on Oct. 3	19 <u>68</u> and t	hat in (m/r) (our) opi	inlon death occurred on the dote		
	ond haur one	from the cau	ses stoted abov	e. (1) (We) (did) /d/d///g/) v					
	23A. SIGNATU			1-			23B. DATE SIGNED		
		Ideum	5 /1.0	1 . /// // Phu	ending Mod. Director	Staff Phys.	10/3/68		
	23C. PHYSICIA	N'S	2 Car	/ GEGREE	23D. ADDRESS	,			
	Henry		t, Surgeon	(R)	US PHS Hosp	ital, Balto,	Md. 21211		
24A	BURIAL CREA	MATION, 24B. I		C. NAME of CEMETERY OF CRI			ity, town, or county) (State)		
	Buria]		-7-1968	Holy Family Ceme	etery Na	zareth, Penn	a.		
25 A		BY HEALTH DE		ME OF REGISTRAR	25C. FUNERAL DIRECTO	R	ADDRESS		
1	QCT 7	1968	00 68	POLICE MAY	Howard H. Hu	bbard, 4107	Wilkens Ave. 21229		
VS	150-REV. 1/1/4	S.R.	No. 2/12 marks						



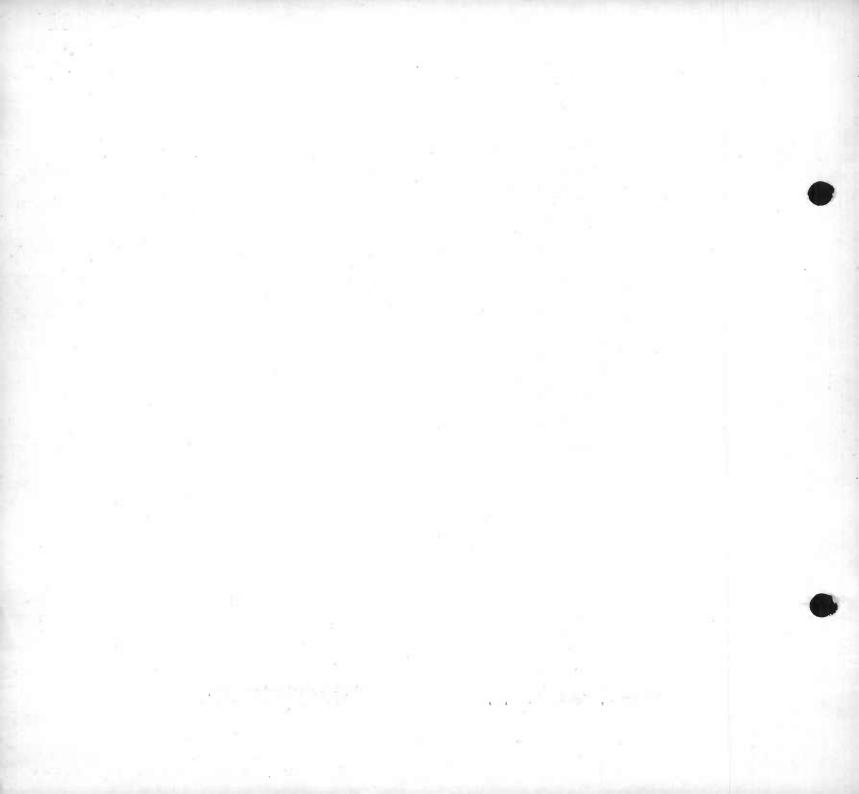
VS 151-REV. 1/1/6B

V\$ 150-REV. 1/1/68

NO

Hours

If Under 24 Hrs.



DIRECTOR:

FUNERAL

If Under 24 Hrs.

Hours

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

ADDRESS

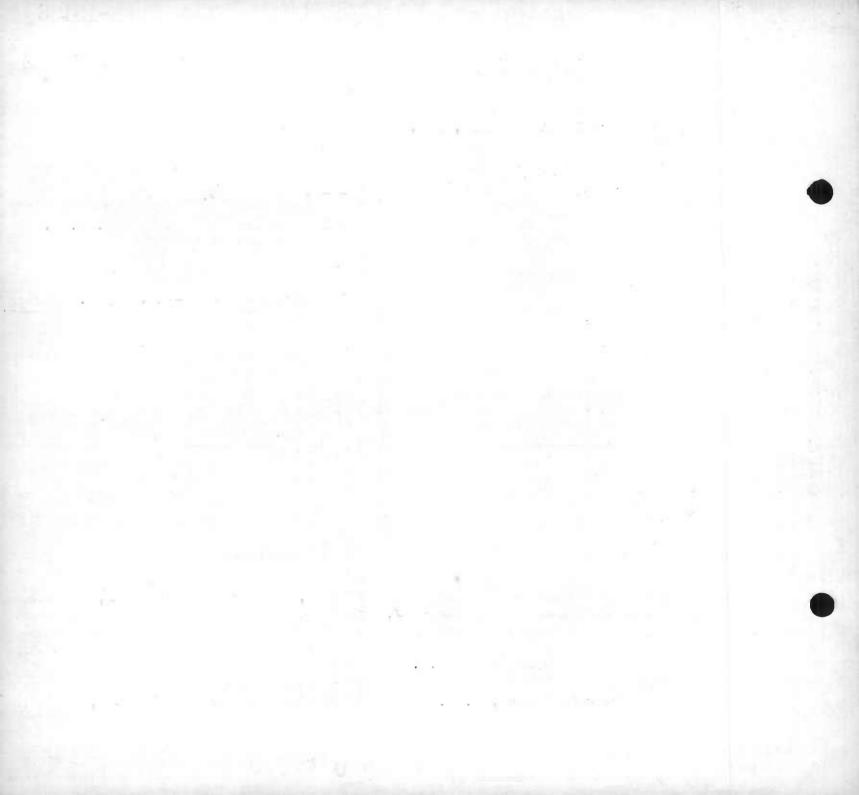
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BALTIMORE CITY HEALTH DEPARTMENT

REG. No. 68-10133

Negro	Hospit MARRIED WIDOWED OB, KIND OF	al, Inc.	A. STATE Mary. C. CITY OR Balt: E. STREET 2339 B. DATE OF 6-8- (11. BIRTHPL Nort) 14. MOTHE Glady 17. INFORM Miss	RESIDENCE (Where B. COUN B. COUN B. COUN IMORE AND NUMBER Eutaw Plant BIRTH Carolin Carolin R'S MAIDEN NAMES Biglow ANT Myrtle M.	ace 9. AGE (In years lost birthday) 33 gn country) 1a AE	If Under 1 Yr. If Under 24 Hours Min. It Under 1 Yr. If Under 24 Hours Min. It Under 1 Yr. If Under 24 Hours Min. It Under 1 Yr. If Under 24 Hours Min. It Under 1 Yr. If Under 24 Hours Min. ADDRESS APPROXIMATE INTERVALABLE INTERVALAB	
(IF NOT IN HOSPITAL ADDRESS OR LOCAT Provident From It is a second to the second to th	Hospit MARRIED WIDOWED OB, KIND OF	NEVER MARRIED DIVORCED DIVORCED BUSINESS OR INDUSTRY	A. STATE Mary. C. CITY OR Balt: E. STREET 2339 B. DATE OF 6-8- (11. BIRTHPL Nort) 14. MOTHE Glady 17. INFORM Miss	B. COUN land TOWN imore AND NUMBER Eutaw Pl BIRTH Carolin R'S MAIDEN NAM T'S Biglow ANT Myrtle M	ace 9. AGE (In years lost birthday) 33 gn country) 1a AE	If Under 1 Yr. If Under 24 H Months; Doys Hours Min. 12. CITIZEN OF WHAT COUNT U. S. A. ADDRESS 15. 925 N.Strick	
Provident F RACE Negro (TION (Give kind of work) 1 ing life, even if refired) 1 McCaden er in U. S. Armed Force yes, give war or dates OR CONDITION DIRE ADING TO DEATH meen the made all controls and controls are controls and controls are controls ar	Hospit MARRIED WIDOWED OB, KIND OF	NEVER MARRIED DIVORCED DIVORCED BUSINESS OR INDUSTRY	C. CITY OR Balt: E. STREET 2339 B. DATE OF 6-8-1 II. BIRTHPL Nortl I4. MOTHE Glady I7. INFORM Miss	TOWN imore AND NUMBER Eutaw Pl BIRTH SE ACE (Stole or forein A Carolin R'S MAIDEN NAM YS Biglow ANT Myrtle M	ace 9. AGE (In years lost birthday) 33. gn country) 1a AE	If Under 1 Yr. If Under 24 H Months Doys Hours Min. 12. CITIZEN OF WHAT COUNT U. S. A. ADDRESS 15. 925 N.Stricks	
Provident F Negro TION (Give kind of work) In McCaden er in U. S. Armed Force yes, give wor or dates OR CONDITION DIRE ADING TO DEATH meen the made all of	* MARRIED WIDOWED 108, KIND OF	DIVORCED BUSINESS OR INDUSTRY	Balt: E. STREET, 2339 B. DATE OF 6-8- 11. BIRTHPL Nort] 14. MOTHE Glady 17. INFORM Miss	imore AND NUMBER Eutaw Pl BIRTH BE Carolin R'S MAIDEN NAM TO Biglow ANT Myrtle M	ace 9. AGE (In years lost birthday) 33. gn country) 1a AE	If Under 1 Yr. If Under 24 H Months Doys Hours Min. 12. CITIZEN OF WHAT COUNT U. S. A. ADDRESS 15. 925 N.Stricks	
Negro TION (Give kind of work) ing life, even if refired) McCaden er in U. S. Armed Force yes, give war or dates OR CONDITION DIRE ADING TO DEATH meon the made all of	7. MARRIED WIDOWED 08, KIND OF	DIVORCED BUSINESS OR INDUSTRY	B. DATE OF 6-8- 11. BIRTHPL Nort 14. MOTHE Glady 17. INFORM Miss	BIRTH BIRTH Carolin Carolin R'S MAIDEN NAM S Biglow ANT Myrtle M	9. AGE (In years lost birthday) 33. gn country) 1a AE	If Under 1 Yr. If Under 24 H Months; Doys Hours; Min. 12. CITIZEN OF WHAT COUNT U. S. A. ADDRESS 15. 925 N.Strick	
Negro CHON (Give kind of work) Ching life, even if retired) McCaden er in U. S. Armed Force yes, give wor or dates OR CONDITION DIRE ADING TO DEATH meen the made all of	WIDOWED OB, KIND OF es? of service)	DIVORCED 16. SOCIAL SECURITY NO. 217-34-7924	B. DATE OF 6-8- 11. BIRTHPL Nort 14. MOTHE Glady 17. INFORM Miss	Eutaw Pl BIRTH 35 ACE (Stote or force on Carolin R'S MAIDEN NAM 75 Biglow ANT Myrtle M	9. AGE (In years lost birthday) 33. gn country) 1a AE	Months Doys Hours Min. 12. CITIZEN OF WHAT COUNT U. S. A. ADDRESS 15. 925 N.Strick	
Negro CHON (Give kind of work) Ching life, even if retired) McCaden er in U. S. Armed Force yes, give wor or dates OR CONDITION DIRE ADING TO DEATH meen the made all of	WIDOWED OB, KIND OF es? of service)	DIVORCED 16. SOCIAL SECURITY NO. 217-34-7924	B. DATE OF 6-8- 11. BIRTHPL Nort 14. MOTHE Glady 17. INFORM Miss	BIRTH 35 ACE (State or foreign Caroling State) To Samuel State S	9. AGE (In years lost birthday) 33. gn country) 1a AE	Months Doys Hours Min. 12. CITIZEN OF WHAT COUNT U. S. A. ADDRESS 15. 925 N.Strick	
Negro ITION (Give kind of work) Ition (Give	WIDOWED OB, KIND OF es? of service)	DIVORCED 16. SOCIAL SECURITY NO. 217-34-7924	Nortl 14. Mothe Glady 17. INFORM Miss	A Carolin Carolin R'S MAIDEN NAM OS Biglow ANT Myrtle M	lost birthdoy) 33 gn country) aa AE IcCaden -Si	Months Doys Hours Min. 12. CITIZEN OF WHAT COUNT U. S. A. ADDRESS 15. 925 N.Strick	
a McCaden To McCaden The rin U. S. Armed Force The yes, give war or dates OR CONDITION DIRE ADING TO DEATH The made all of the made all	es? of service	16. SOCIAL SECURITY NO. 217-34-7924	Nortl 14. Mothe Glady 17. INFORM Miss	A E (Stote or foreign Caroling R'S MAIDEN NAME OF BIGLOW ANT MYTTLE M.	gn country) 1a AE IcCaden -Si	U. S. A. Address is. 925 N.Strick	
McCaden er in U. S. Armed Force yes, give war or dates OR CONDITION DIRE ADING TO DEATH meon the made all of	es? of service) ECTLY	16. SOCIAL SECURITY NO. 217-34-7924	Nortl 14. MOTHE Glady 17. INFORM Miss	n Carolin R'S MAIDEN NAM VS Biglow ANT Myrtle M	ia ME IcCaden -Si	U. S. A. Address is. 925 N.Strick	
McCaden er in U. S. Armed Force yes, give war or dales OR CONDITION DIRE ADING TO DEATH meon the made all of	of service)	217-34-7924	Glady 17. INFORM Miss	rs Maiden Nan rs Biglow ANT Myrtle M	AcCaden -Si	Address is. 925 N.Strick	
McCaden er in U. S. Armed Force yes, give war or dales OR CONDITION DIRE ADING TO DEATH meon the made all of	of service)	217-34-7924	Glady 17. INFORM Miss	rs Biglow ANT Myrtle M	IcCaden -Si	is. 925 N.Strick	
er in U. S. Armed Force yes, give war or dates OR CONDITION DIRE ADING TO DEATH meon the made all of	of service)	217-34-7924	17. INFORM Miss	Myrtle M	-	is. 925 N.Strick	
er in U. S. Armed Force yes, give war or dates OR CONDITION DIRE ADING TO DEATH meon the made all of	of service)	217-34-7924	Miss	Myrtle M	-	is. 925 N.Strick	
OR CONDITION DIRE ADING TO DEATH meon the made al o	ECTLY	217-34-7924	ГН		-	APPROXIMATE INTERVA	
ADING TO DEATH		CAUSE OF DEAT				DETWEEN ONSET AND DEA	
ADING TO DEATH			210			BETWEEN ONSET AND DEA	
II INT CONDITIONS CON		(C)	***				
PERATION 198. COND	ITION FOR	WHICH OPERATION	IN CERTIFYI		20 B. IF YES, WERE IN CERTIFYING CA	WERE FINDINGS CONSIDERED NG CAUSES OF DEATH?	
IG CAUSE OF	hom	e, lorm, factory, street, a	in or about 21	C. WHERE DID	(If In Boltima	ore City, give exact location)	
Nonth) (Day) (Year)	(Hour) 21E.	INJURY OCCURRED	21	F. HOW DID INJ	URY OCCUR?	T. C. L.	
at (1) (this haspital)	attended t	he deceased from	ctober	2. 1	1968 to Oct	toher 3. 1968	
					(), (aoi, ap	avail accorded all file o	
am the causes state	a abave. (1	(did nat)	view the ba	ay atter death.		238, DATE SIGNED	
1 holin	00			Med.	Staff	10/8/68	
	700	DEGREE Phy	ys. —	Director L	Phys.	101 21 00	
	1,000				04	712	
	-	DEGREE				altimore, Marylan City, town, or county) (Stote	
cily)							
						ADDRESS	
	Annth (1) (this haspital) st saw the deceased am the causes state 10-7-68	CONDITIONS, il ony, giving above couse (A) stoling the CONDITION lost. II INTONDITION SCONTRIBUTING OUT NOT RELATED TO THE TERMINAL DITION GIVEN IN PART 1 (A). PERATION 198. CONDITION FOR WAS PERFORMED WAS UNDERLYING OUT (Hour) 21E, Whomat (I) (this haspital) attended the st saw the deceased alive an amount of the causes stated above. (In the causes above. (In the caus	CONDITIONS, il ony, giving above couse (A) stoling the CONDITION lost. (C)	CONDITIONS, il ony, giving above couse (A) stoling the CONDITION lost. (C) DUE TO, OR AS A CONSEQUENCE CONDITION lost. (C) CONDITION SCONTRIBUTING CONDITION CONDITION FOR WHICH OPERATION CONDITION FOR WHICH OPERATION CONDITION FOR WHICH OPERATION CONDITION FOR WHICH OPERATION CONDITION CONDITION FOR WHICH OPERATION CONDITION CONDITI	CONDITIONS, il ony, giving above couse (A) stoling the CONDITION lost. (C) DUE TO, OR AS A CONSEQUENCE OF: above couse (A) stoling the CONDITION lost. (C) DUE TO, OR AS A CONSEQUENCE OF: above couse (A) stoling the CONDITION lost. (C) DUE TO, OR AS A CONSEQUENCE OF: above couse (A) stoling the CONDITION lost. (C) DUE TO, OR AS A CONSEQUENCE OF: above couse (A) stoling the CONDITION lost. (C) DUE TO, OR AS A CONSEQUENCE OF: above couse (A) stoling the CONDITION lost. (C) DUE TO, OR AS A CONSEQUENCE OF: above couse (A) stoling the CONDITION lost. (C) DUE TO, OR AS A CONSEQUENCE OF: above couse (A) stoling the CONDITION lost. (C) DUE TO, OR AS A CONSEQUENCE OF: above couse (A) stoling the CONDITION lost. (C) DUE TO, OR AS A CONSEQUENCE OF: (C) DUE TO, OR AS A CONSEQUENCE OF. (C) DUE TO, OR AS A CON	CONDITIONS, il ony, giving above couse (A) stoling the CONDITION lost. (C) I	



CO 4 O 4 O 4 BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO.	10104
BIRTH NO.	
1. NAME OF DECEASED (Type or Print) 2. DATE Known Known Day	Year Hour
WENDELL BANKS DEATH Estimoted 10 3	68 11:05p M.
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 3. DATE Month Doy	Yeor Hour
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET PRONOUNCED DEAD	1060 11 05 "
HOSPITAL ADDRESS OR LOCATION) OR INSTITUTION ADDRESS OR LOCATION) 5. USUAL RESIDENCE (Where deceosed lived. If institution: re	sidence before admission
A. STATE B. COUNTY	
JOHNS HOPKINS HOSPITAL Maryland	1-1-
6. SEX 7. RACE 8. MARRIED NEVER MARRIED C. CITY OR TOWN D. INSUE CHA-	HMITE
Male Golored WIDOWED DIVORCED Balto. YES	NO O
9. DATE OF BIRTH 10. AGE (In years If Under 1 Yr. If Under 24 Hrs. E. STREET AND NUMBER	
(17.50 last birthdoy) Months Doys Hours Min.	
4-17-50 18 1 1035 Wolfe St.	
11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?	
Baltimore, Maryland U.S.A. Charles Banks	
14A.USUAL OCCUPATION (Give kind of work) 14B. KIND OF BUSINESS OR INDUSTRY) 15. MOTHER'S MAIDEN NAME	
done during most of working lite, even if retired)	
Labor Unemployed Bernice Douglas 16. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. SOCIAL 18. INFORMANT ADDR	RESS
(Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO.	
No Unk Mrs. Bernice Douglas 1035 Wol	fe Street
19. CAUSE OF DEATH	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY Stab wound of the back	
LEADING TO DEATH	
(This does not meon the mode of dying, e.g., (A)IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF:	
heart foilure, osthenio, etc. It meons the diseose, injury or complication which coused death.)	
injury of complication which coosed dealing	
ANTECEDENT CAUSES (B)	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE	
LINDERLYING CONDITION LAST	
(c)	
¥ € 9 ℓ 2 × "	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL	
DISEASE OR CONDITION RELIED TO THE FERMINAL	
OF THE SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WAS PERFORMED 21	1. AUTOPSY? (Yes or No)
8)2,	
✓ 22A. EXTERNAL CAUSE WAS 22B. PLACE OF INJURY(e.g., in or obout 22C. WHERE DID (If in Boltimore City, give exact to	YES
O LINDERLYING MOR CONTRIB	oconon)
UTING ☐ CAUSE OF DEATH. Sidewalk Front of 915 N. Eden St. 22D. TIME (Month) (Dov) (Year) (Hour) 22E.NJURY OCCURRED 22F. HOW DID INJURY OCCUR?	
OF INJURY WHILE AT NOT WHILE	
[APPROX.] 10 3 68 10:00 work AT WORK XI Subject stabbed in back	
23. AT WORK X Subject stabbed in back	inion
I certify that I held on Inquiry Inspection Autopsy XX and that on this bosis, death in my opi	inion
I certify that I held on Inquiry Inspection Autopsy XX and that on this bosis, death In my oping resulted from: Netural courses Accident Suicide Homicide XX Undetermined monner	inion
I certify that I held on Inquiry Inspection Autopsy XX and that on this bosis, death in my oping resulted from: Netural courses Accident Suicide Homicide XX Undetermined monner Chief MEDICAL EXAMINER	
I certify that I held on Inquiry Inspection Autopsy XX and that on this bosis, death In my oping resulted from: Netural courses Accident Suicide Homicide XX Undetermined monner CHIEF MEDICAL EXAMINER ACTUAL ACTUAL ACTUAL ACTUAL ASSISTANT MEDICAL EXAMINER XX	DATE SIGNED
I certify that I held on Inquiry Inspection Autopsy XX and that on this bosis, death In my oping resulted from: Netural courses Accident Suicide Homicide XX Undetermined monner CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER XX	
I certify that I held on Inquiry Inspection Autopsy XX and that on this bosis, death In my oping resulted from: Netural couses Accident Suicide Homicide XX Undetermined monner CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER XX ASSOCIATE MEDICAL EXAMINER	DATE SIGNED
Accident Suicide Homicide Accident	DATE SIGNED
I certify that I held on Inquiry Inspection Autopsy XX and that on this bosis, death In my oping resulted from: Netural courses Accident Suicide Homicide XX Undetermined monner CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER XX ASSOCIATE MEDICAL EXAMINER ASSOCIATE MEDICAL EXAMINER	DATE SIGNED
Accident Suicide Homicide	DATE SIGNED October 1968 r county) (Stote)
Actival Acti	DATE SIGNED October 1968 r county) (Stote)
AT WORK Subject stabbed in back Subject stabbed Subject st	DATE SIGNED October 1968 r county) (Stote) and RESS
ACTUAL SIGNATURE EXAMINER'S NAME (Type) Ronald N. Kornblum, M.D. ASSISTANT MEDICAL EXAMINER ASSOCIATE MEDICAL EXAMINER ASSOCIATE MEDICAL EXAMINER ASSOCIATE MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER ASSOCIATE MEDICAL EXAMINER ASS	DATE SIGNED October 1968 r county) (Stote) and

Allega and the second

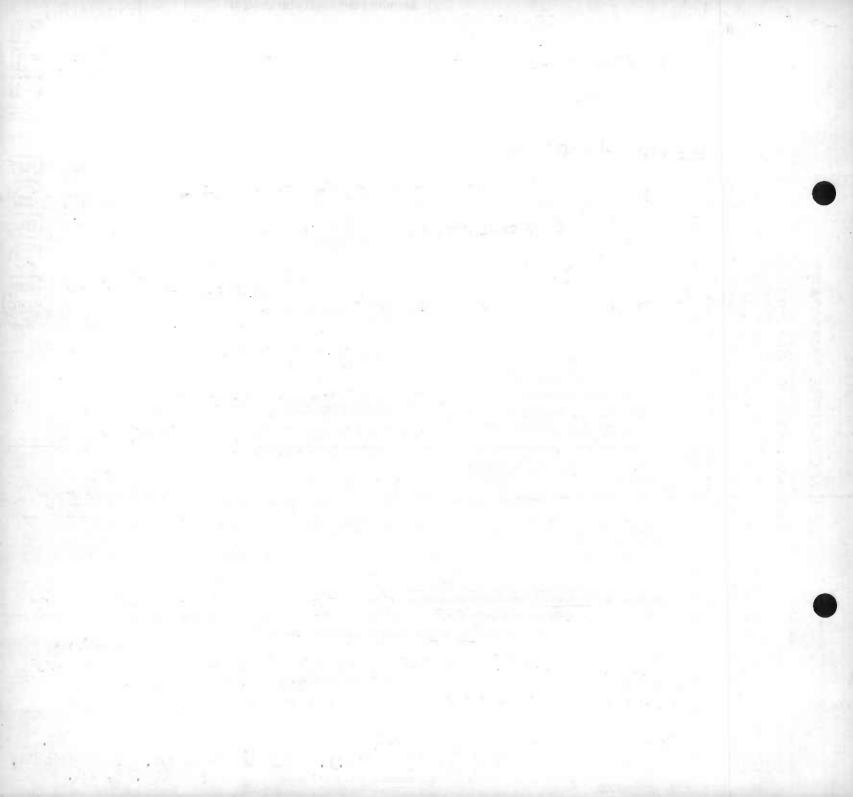
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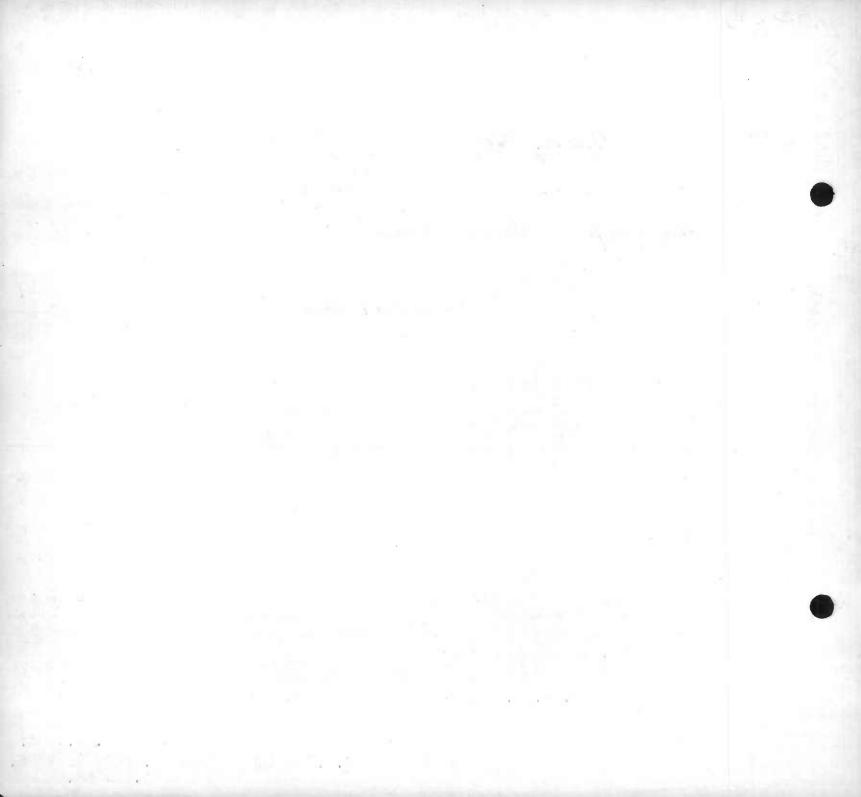
FUNERAL DIRECTOR: IMPORTANT

			HEALTH DEPARTMENT	1/	68-10136	
}	68-10	136 CERTIFICA	TE OF DEATH	REG NO.	20 10100	
	TH NO.			ND HOUR OF DEATH		
	0:4	WLOR		7,5 1968		
2	PLACE IN BALTIMORE MARYLAND WHERE PRI				nstitution; residence before odmi:	M.
3.	PEACE IN BALLIMONE MAKIEAND, WHERE PRO	SHOUNCED DEAD	A. STATE B. COU	INTY A	10	
FU	LL NAME OF (IF NOT IN HOSPITAL OR IN ADDRESS OR LOCATION)	ISTITUTION, GIVE STREET		Noth	50-1	20
	STITUTION ADDRESS OF LOCATION		C. CITY OR TOWN	D. INS	IDE CITY LIMITS?	
11		A - A	Latherul		YES NO	
1	LSPHS HOSP. BO	Uto	E. STREET AND NUMBER	100 (11		
			3 Munt	erd C	\ ,	
5. 5	6. RACE 7. MARI	RIED NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years lost birthday)	Months Days Hours M	4 Hrs. Ain,
	TF W WIDON		xteb "0	52		
	. USUAL OCCUPATION (Give kind of work 10B, KIN e, during most of working life, even if retired)	D OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or fo	reign country)	12. CITIZEN OF WHAT COU	INTRY?
10011		UCATION	Ireland		()SA	
13.	FATHER'S NAME		14. MOTHER'S MAIDEN NA	AME		
-	TI		1.	LICE I		
15	Wos Deceased Ever in U. S. Armed Forces?	1 6. SOCIAL	17. INFORMANT	0 100	ADDRESS	
(Ye	s, no or unknown) (If yes, give wor or dates of serv	SECURITY NO.	6	LITOHN M.	S ADDRESS LAWLOR	
	Sie Sino	2/2-38-0999	l war	/	SA	ME
	1B. 153 8	CAUSE OF DEAT	H 170 111111	WEUMANIE	APPROXIMATE INTER	DEATH
	DISEASE OR CONDITION DIRECTLY		13/4014 HOL	11/1/0. 1-2/1/	11112	303
	LEADING TO DEATH	(A) IMMEDIATE CAL	ISE ATELECTAS	13 BF LUN	195 / DAY	
	(This does not mean the mode of dying, heart failure, asthenia, etc. It means the dise	DUE TO, OR AS	A CONSEQUENCE OF:			
	injury or complication which coused death.)				-	
	ANTECEDENT CAUSES	(B) EMACI	A CONSEQUENCE OF:	ACHEXIA	L MONI	THS
	DISEASES OR CONDITIONS, if ony, gi					
	rise to the obove couse (A) stoling UNDERLYING CONDITION lost.	Ine IC ADENO	CARCINOMA OF	F COLON W	11TH 6 YEAR.	>
	1 (2 2 2 11	(%/====================================	METASTA			
N O	OTHER SIGNIFICANT CONDITIONS CONTRIBUTI	NG	1-12 (1/3/1)	15-5		
ATIO	TO THE DEATH SUT NOT RELATED TO THE TERMIN DISEASE OR CONDITION GIVEN IN PART 1 (A).	NAL	, a, aa, aa, aa aa aa aa aa aa aa aa aa			
10.	19A. DATE OF OPERATION 19B. CONDITION I	OR WHICH OPERATION	20 A. AUTOPSY? (Yes or	No) 20B. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED	
ERTIFIC	A PERFORMED		YES	III CERIIFIII CA	YES	
0	21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	21B. PLACE OF INJURY (e.g., i	n or obout 21/C. WHERE DID	(If in Boltimon	re City, give exoct locotion)	
1 A	DEATH (notify medical examiner)	etc.)				
000	21 D. TIME (Month) (Doy) (Year) (Hour)	21E. INJURY OCCURRED	21 F. HOW DID IN	NJURY OCCUR?		_
×	(APPROX.)	While At Not While	e 🖂			
		Work At Work				8
	22. I certify that (I) (this hospital) ottend		10	1967 to OC		
	that (I) (we) last sow the deceased alive	on 0 = 1 = 3	19.68 and	that in(my) (<u>our</u>) opi	inion death accurred on the	e date
	and hour and from the causes stated above	re. (1) (We) (did) (did not) v	view the body ofter deoth	le.		
	23A. SIGNATURE	///-			23B, DATE SIGNED	
	(Mm C) with	DEGREE Phy	ending Med. Director	Staff Phys.	OCT 5 1968	7
	23C. PHYSICIAN'S	DEGREE	23D. ADDRESS 3/00 4	UYMAN P	ARK DR.	
	NAME (Type)	LAND	RAITIM	ADE MO	21211	
24/	A. BURIAL CREMATION, 24B. DATE 24	C. NAME of CEMETERY OF CR	EMATORY 24D.	LOCATION (C	city, town, or county) (St	tote)
	REMOVAL (Specify)					
		New Cathedral	B	altimore	Md.	
254	A. DATE REC'D BY, HEALTH DEPT. 258, NA	ME OF REGISTRAR	25C FUNERAL DIRECTO	& Sons Co	o. 4905 York	Rd.
	1000 1004	sona cirilananina		Bal	to 12. Md.	



DIRECTOR:

FUNERAL



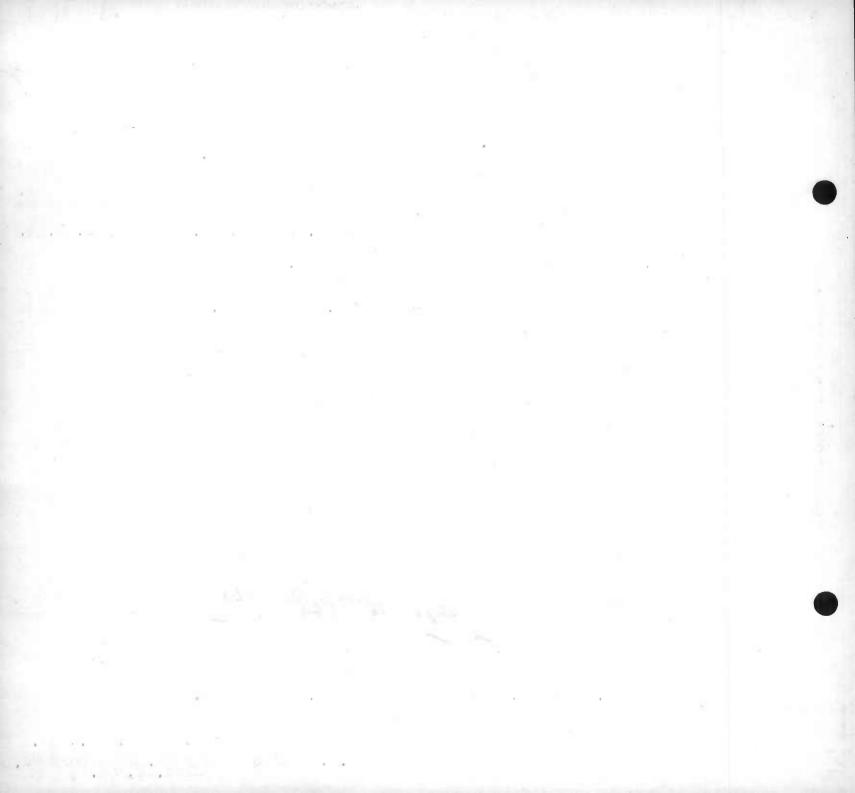
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IMORE CITY HEALTH DEPARTMENT

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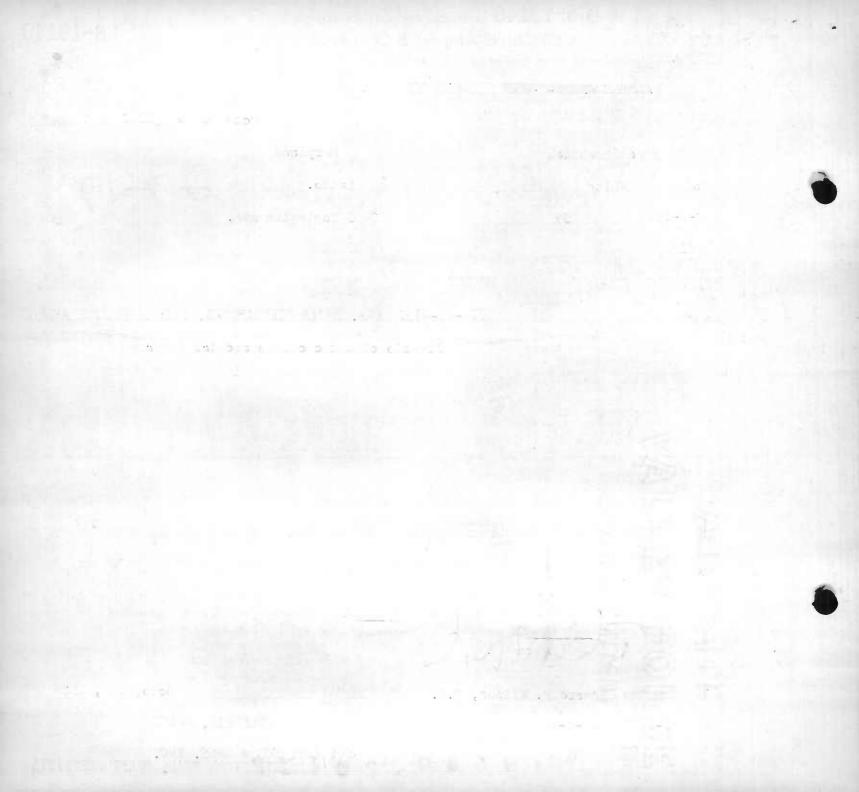
BIRTH NO.			CERTIFICA	IL OI DE	~ ! ! !						
1. NAME O	OF DECEASED					HOUR OF DEATH		4-			
	MITTIS					per 3, 19		Ran			
3. PLACE I	IN BALTIMORE, MARYLAND, W	HERE PRONOU	NCED DEAD	A. STATE	B. COUNT	deceosed lived. If in	stitution: residence	before odmission			
FULL NAM HOSPITAL INSTITUTIO	OR ADDRESS OR LOCA	AL OR INSTITU	TION, GIVE STREET	Marylan		D. 1N9	DE CTY LIMITS?	3			
00				Baltim	ore 2	1215	YES T	10 🗌			
00	2301 Osweg	go Ave.		E. STREET AND N		Ave.					
5. SEX	6. RACE	7. MARRIED S	NEVER MARRIED	B. DATE OF BIRTH		AGE (In years	If Under 1 Yr. Months: Doys	If Under 24 Hrs Hours Min.			
M	L OCCUPATION (Give kind of work	WIDOWED	DIVORCED	9/13/18	93	st birthdoy)	12. CITIZEN OF V				
	most of working life, even if retired)	NIOB, KIND OF	BOSINESS OK INDOSIKI	II. BIRTHPLACE (S	tote or toreig	(Country)	12. CITIZEN OF V	VHAI COUNIK			
Train	nman	B &	O RR	Balto.			U	. S. A.			
3. FATHER	R'S NAME			14. MOTHER'S MA	AIDEN NAM	E					
	T. Stonesifer			Annie E	. DeV	ese					
Yes, no or u	ecosed Ever in U. S. Armed For unknown) (If yes, give wor or date	es of service)	16. SOCIAL SECURITY NO.	17. INFORMANT			ADDRES	S			
Yes	WWI		705-09-3796	Mrs. Fl	orenc	e E. Ston		(Same			
DISEA rise UNDE	ANTECEDENT CAUSES ASES OR CONDITIONS, if to the above cause (A) ERLYING CONDITION last. The standard conditions conditi	any, giving stating the		A CONSEQUENCE		Panou					
TO THE	HE DEATH BUT NOT RELATED TO THE SE OR CONDITION GIVEN IN PARTICULATION 198. CON	HE TERMINAL RT 1 (A).	/LICH OBERATION	20A ALITORSY2	(Yes or No)	208. IF YES, WERE I	EINDINGS CONSI	EDED			
DI 19A. D	WAS PERI	FORMED	THICH OFERATION	no.	tres or ivo	IN CERTIFYING CAL	USES OF DEATH?	PERED			
OR CO	ACCIDENT WAS UNDERLYING DONTRIBUTING CAUSE OF (notify medical examiner)	21B. home etc.)	PLACE OF INJURY (e.g., i e, form, foctory, street, of	n or obout 21 C. WHE fice bldg., INJURY C	ERE DID DC CUR?	(If in Boltimor	e City, give exoct lo	cotion)			
OF INJ	JURY		e At At Work		N DID INJU	RY OCCUR?					
	22. I certify that (1) (this hospital) attended the deceased from Quar. 2 1968 to Oct. 3 1968,										
22. 1	certity that (1) (this hospital	that (1) (we) last sow the deceased alive on Sleft. 18 19 68 and that In(my) (aur) opinion death occurred on the date									
		ed alive on	slept. 1	19/65	ond tho	t In(my) (aur) opi	nion deoth occur	red on the do			
thot (I	1) (we) last sow the deceose		7			t In(my) (aur) opi	nion deoth occu	red on the do			
that (I			(We) (did) (did not) v	iew the body often	er deoth.	itelf [238. DATE SIGNE				
that (1 ond No. 23A/ SIG	ou) and from the couses storic ATURE HYSICIAN'S		(We) (did (did not) v DEGREE Phys	iew the body often	er deoth.	shaff hys.					
23 A SIG	ou) and from the couses storic ATURE HYSICIAN'S	ouls	(We) (did) (did not) v	nding Med Direction Med Direction Med Direction Med Direction Med Direction Med	er deoth.	es St.		1968			
that (I and Ad 23A SII 23A PH NA	out ond from the couses storighature HYSICIAN'S AME (Type) Dr. James AL CREMATION, 248. DATE OVAL (Specify)	ouls. B A. Do	(We) (did) (did not) v DEGREE Phys DEGREE	nding Med Direction Med Direction Med Direction Med Direction Med Direction Med	ctar Charl	es St.	23B. DATE SIGNE	1968 (Stote)			



- 5-24
68-10140 BALTIMORE CITY HEALTH DEPARTMENT
MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO.

68-10140

BIRTH NO.	REG. NO.
1. NAME OF DECEASED	2. DATE Known 😥 Manth Day Year Hour
(Type ar Print) ALBERT SZENKLEWSKI	OF DEATH Estimated 10 6 68 \$7.5 A M.
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	3. DATE Manth Day Year Haur
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR INSTITUTION GIVE STREET ADDRESS OR LOCATION)	PRONOUNCED DEAD October 6 1968 ? M.
1/2	5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE B. COUNTY
Sinai Hospital	Maryland
6. SEX 7. RACE 8. MARRIED NEVER MARRIED	C. CITY OR TOWN D. INSIDE CITY LIMITS?
Male White WIDOWED DIVORCED	Balto. YELL NO.
9. DATE OF BIRTH 10. AGE (In years If Under 1 Yr. If Under 24 Hrs. Manths Days Haurs Min.	E. STREET AND NUMBER
9-3-1909 59	3405 Ingleside Ave.
11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF	13. FATHER'S NAME
POLAND WHAT COUNTRY?	UNKNOWN
14A.USUAL OCCUPATION (Give kind of work 148, KIND OF BUSINESS OR INDUSTR	
dane during most of working life, even if retired)	est that to Be of t
CLOTHING WORKER WORKER	UNKNOWN 18. INFORMANT ADDRESS
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, na ar unknawn) (If yes, give war ar dates af service) 17. SOCIAL SECURITY NO.	16. HYPORMANY
NO 218-42-8131	MRS. BAJLA SZENKLEWSKI, 3405 INGLESIDE AVENUE
19. 4 CAUSE OF DEA	TH APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY Arterio	sclerotic cardiovascular disease
LEADING TO DEATH	
	AS A CONSEQUENCE OF:
injury ar camplication which caused death.)	
ANTECEDENT CAUSES (8)	AS A CONSEQUENCE OF:
DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO, OR RISE TO THE ABOVE CAUSE (A) STATING THE	AS A CONSEQUENCE OF:
Z UNDERLYING CONDITION LAST. (C)	
2 4/ 2 2 ./	
OF THE RIGHIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 208. CONDITION FOR WHICH OPERATION W	
20A. DATE OF OPERATION 208. CONDITION FOR WHICH OPERATION W	AS PERFORMED 21. AUTOPSY? (Yes ar Na)
5/1	7700
₹ 22A. EXTERNAL CAUSE WAS 228, PLACE OF INJURY(e.g.	yes
	in ar abaut 22C. WHERE DID (If in Saltimare City, give exact location) to bldg., etc.)
22D. TIME (Manth) (Day) (Year) (Haur) 22E.INJURY OCCURRED	22F. HOW DID INJURY OCCUR?
	WHILE
23.	YORK
	tapsyXX and that an this basis, death in my oplnian
resulted from Natural couses XX Accide Sulci	de Homicide Undetermined manner
1 1 1 1 1	CHIEF MEDICAL EXAMINER DATE SIGNED
ACTUAL SIGNATURE M.E.	ASSISTANT MEDICAL EXAMINER XX
EXAMINER'S	ASSOCIATE MEDICAL EXAMINER
NAME (Type) Edward F. Wilson, M.D.	October 6, 1968
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY	
REMOVAL (Specify)	
REMOVAL-BURIAL 10-9-68 KRAAINEM	BRUSSELS, BELGIUM
25A. DATE REC'D BY HEALTH DEPT. 258. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR ADDRESS
OCT 7 1968 R. a. & Establica	SQL LEVINSON & BROS. INC.
No No Endahan	O 1 9010 REISTERSTOWN ROAD, BALTIMORE 21215
VS 151-REV. 1/1/68	





E-420

68-10142 BALTIMORE CITY HEALTH DEPARTMENT

			-		-	KAMINER'S			DEAT	н	68	3-101	12
BI	RTH NO.		MILL	ICAI	/	AMIIAEKS	CLKIIII	CAILOI	DLAI	REG. NO		101	X, S
	NAME OF DE	CEASED	TOTAL TO				2. DATE OF	Known 🔽	Manth	Day	Year	Hour	
			JOHN E				DEATH	Estimoted 🗌	10	6	68	2:15	а м.
						OUNCED DEAD	3. DATE	UNCED DEAD	Month	Doy	Yeor	Hour	
HC	LL NAME OF SPITAL INSTITUTION		RESS OR LOCA		ill U III	ON, GIVE STREET			Octo		1968	2:15	а м.
ON	11011011		. /				A. STATE	ESIDENCE (Whe	re deceosed l	B. COUNTY	on: residence	before odmiss	sion)
	70	St. Agr	ies Ho	3301	TA	4		aryland)			ŷ.
6.	SEX	7. RACE		8. MARI	RIED	NEVER MARRIED	C. CITY OR	TOWN		D. INSIDE C	CITA LIMITS2		
	Male	Whit	e .	WIDO	-			lto.		The same of	res M	NO 🗌	
9.	DATE OF BIR	IH	10. AGE (In		Mont	nder 1 Yr. If Under 24 Hrs hs Doys Hours Min	E. SIREEL	AND NUMBER					
7	BIRTHPLACE	190	3 65		110 6	ITIZEN OF	5C	2 Parksle	ey St.				
11.	DMINITACE	(Stole of fore	ign country)			VHAT COUNTRY?	1		=1	1:0			
144	HISHAL OCC	PRY LUNG	twa kind of work	148 KINI	DOE	SUSINESS OR INDUSTR		4945T		415			
	eduring most of	working life,	even if retired)		,	1 -	4	9NCES	0,	1:10			
16	WAS DECEA	SED EVER IN		FORCE	5?	17. SOCIAL	18. INFOR	•	1716	-129	ADDRESS		
	s, no or unknow	n) (If yes, give				SECURITY NO. 315-03-878	+ AN	NA ELL	is	502 T	PARKS	(= , a	C 1000
-	19.	- 1	V			CAUSE OF DE		07 222		702 7	A	PPROXIMATE IN	TERVAL
	4 8	0 /	/								BET	WEEN ONSET AN	ND DEATH
	DISEA	SE OR CON	DITION DIRE	CTLY									
	(This does	not meon th	e mode of dy	ing, e.g.,		(A)IMMEDIATE DUE TO, OR	AS A CONSEC	bdural he	ematoma	1			
			tc. It meons the hich coused de										
NO	ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C)												
CERTIFICATION	OTHER SIG TO THE DE DISEASE O	ATH BUT NO	II ONDITIONS CO OT RELATED TO N GIVEN IN P.	THE TERA	MINAL							.,	
ER	20A. DATE C	OF OPERATIO	ON 20B. COI	NDITION	FOR	WHICH OPERATION V	AS PERFORM	MED			21. AUT	OPSY? (Yes o	r No)
0	dus											yes	
\S	LINDERLVIN	RNAL CAUS			22B. F	PLACE OF INJURY(e.g., form, foctory, street, off	, In or obout :	22C. WHERE DID NJURY OCCUR?	(If in Boltimo	ore City, give ex	xoct locotion)	0-06	
ED	UTING C	AUSE OF DE	ATH.			Yard	1	Rear of					
2	OF INJURY	(Month)	(Doy) (Year	r) (Hou	1	ZE. INJURY OCCURRED /HILE AT NO	T WHILE	22F. HOW DID II	NJURY OCC	UR?			
	(APPROX.)	10	5 68	1:30			WORK X	Subjec	t fell	off lad	lder		
		etify that I	held on 1	nauiry		Inspection A	utopsyXX	and that on	this hosis	, deoth in my	, opinion		
			Naturol cou			ccident Suici		omicide		ined monner			
	1620	rred from:	(National 200	ses 🗀	, 7	cerdent FEE		CHIEF MEDICAL					
Н	ACTUA	- /	1.01	11/	V.	. Ich		STANT MEDICAL		K 3k		DATE SIGN	1ED
L	SIGNA		wy	_/\		M.	U.	CIATE MEDICAL					
	NAME		Ronald	N. Ke	ornl	lum, M.D.	A330	OCIATE MEDICAL	EAAMINER	Oct	tober	6, 1968	3
	A. BURIAL CRI	EMATION,	24B. DATE		24	C. NAME of CEMETERY	or CREMATO	DRY 24D	LOCATION		vn, or county		
KE	BUR!		10-	9-68		Good She	oherd.		Lower	d Cou	nt	Md	
25	A. DATE REC'I		DEPT	25B. N	IAME	OF REGISTRAR		FUNERAL DIREC	TOR	france of	ADDLESS	40ME	1
		001	1308	100	gen.	g 28 stollows	42 年	ancis &	Phill	w 2101	Much	wiek c	we
VS	151-REV. 1/1/6	SB \	2.5	9 .	X								

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VS 150-REV. 1/1/65

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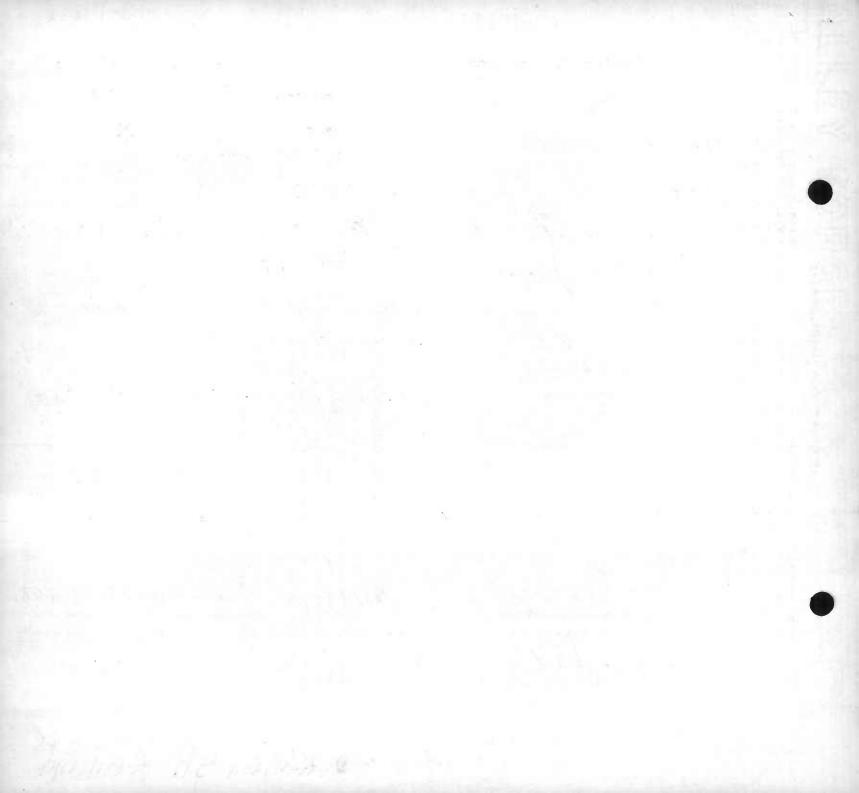
Major W. Brassman Johns Horris Horris

DIRECTOR:

FUNERAL

VS 150-REV. 1/1/6B

BALTIMORE CITY HEALTH DEPARTMENT



BALTIMORE CITY HEALTH DEPARTMENT 68-10145 REG. NO. CERTIFICATE OF DEATH BIRTH NO I. NAME OF DECEASED 2. DATE AND HOUR OF DEATH Mr. VAN - Kirk (Van Kirk Bland) (Type or Print) 8.05 PM 4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD BALTO. MD FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) C. CUY OR TOWN D. INSIDE CITY LIMITS? BALTIMORE HOME AND HOSPITAL E. STREET AND NUMBER 100 N BROADWAY - BACTO MOUNT CLARE 9. AGE (In years MARRIED NEVER MARRIED 7/ If Under 1 Yr. lost birthdoy Months Doys MACE WIDOWED DIVORCED IDA. USUAL OCCUPATION (Give kind of work 10 B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Retired ED Salta Culi 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME DELZENA IMPORTANT 15. Was Deceased Ever in U. S. Armed Forces 17. INFORMANT 6. SOCIAL (Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO. 100 NBwadw 214 26 1211 CAUSE OF DEATH APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A) IMMEDIATE CAUSE (This does not mean the made of dying, e.g., DUE TO, OR AS A CONSEQUENCE heart failure, asthenia, etc. It means the disease, FUNERAL DIRECTOR: injury ar camplication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving la the abave cause (A) stating the UNDERLYING CONDITION last. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A) 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No) 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? WAS PERFORMED news

21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF Ü 21 B. PLACE OF INJURY (e.g., in or obout 21 C. WHERE DID (If in Baltimore City, give exact location) home, form, foctory, street, office bldg., INJURY OCCUR? MEDICAL DEATH (notify medical examine) 21 D. TIME OF INJURY (Month) (Doy) (Yeor) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? of While (APPROX.) At Work 22. I certify that (1) (this haspital) attended the deceased fram... that (1) (we) last saw the deceased alive on and that in (my) (our) opinion death occurred on the date and haur and fram the causes stated abave. (1) (We) (did) (did not) view the bady after death. 23A, SIGNATURE Attending Med. Phys. 23D. ADDRESS 23 C. PHYSICIAN'S NAME (Type) was D.O.A 24A, BURIAL CREMATION, 24B, DATE 24C. NAME of CEMETERY or CREMATORY 24D. LOCATION (City, town, or county) REMOVAL (Specify) Harper Cemetery Harman. Pendleton Co. W. Va. Oct.3.1968 25A, DATE REC'D BY HEALTH DEPT. 258, NAME OF REGISTRAR 250 FUNERAL DIRECTOR G. Pruman Schwab, 5151 Balto. Natl. Pike, Baltimore, Maryland, 21229 VS 150-REV. 1/1/68

OH WHAT LEWISH HOU 12 YOUNT CLARE .. 9-17-97 रिक्टिस्टर्स होते. केविहें प्रोहि STEWNED GLIMB DELTERA SITES in more productly A. Will to +12 CARDING ARREST EMPHYERIA RICHT HERRY FREE ENGINEERS LEL PERRHAPE disturbence Paramethorsty high matcheddall CAN LEW SHIPE WAY, I'VE MESBAHUD DONER

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68-10146 BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL	EXAMINER'S	CERTIFICATE	OF DEATH

6	8-	1	0	1	4	6
		-	400	Name of	ndla.	U

BIRTH NO.	REG. NO.
	2. DATE Known X Month Doy Year Hour
GERTRUDE W. BURKE	OF DEATH Estimated October 1, 1968 7:30 A.M.
	3. DATE Month Day Year Hour
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET	PRONOUNCED DEAD October 1, 1968 7:30 A. M.
HOSPITAL ADDRESS OR LOCATION) OR INSTITUTION	5. USUAL RESIDENCE (Where deceased lived. If institution: residence before odmission)
1/4	A. STATE B. COUNTY
YO St. Agnes Hospital	Maryland
6. SEX 7. RACE 8. MARRIED NEVER MARRIED	C. CITY OR TOWN D. INSIDE CITY LIMITS?
female white WIDOWED DIVORCED	Baltimore YES X NO
9. DATE OF BIRTH 10. AGE (In years If Under 1 Yr. If Under 24 Hrs.	E. STREET AND NUMBER
Aug. 28, 1886 lost birthdoy) Months, Days, Haurs, Min.	102 C Pacabilit Assessed
11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF	103 S. Beechfield Avenue
WHAT COUNTRY?	
BALSO, Md, U.S.A.	Dr. Frank Germon
14A. USUAL OCCUPATION (Give kind of work 14B. KIND OF BUSINESS OR INDUSTRY	15. MOTHER'S MAIDEN NAME
dane during most of working life, even if retired) House wife	Mary Dronmonger
16. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. SOCIAL	18. INFORMANT Balto. Md. ADDRESS
(Yes, na arunknawn) (If yes, give war ar dates af service) SECURITY NO.	
NO CAUSE OF DEAT	Mr. Eugene Alexander 3106 Md. Nat. Bank Building
7	BETWEEN ONSET AND DEATH
	clerotic Cardiovascular Disease
LEADING TO DEATH	
heort foilure, osthenio, etc. It meons the disease,	S A CONSEQUENCE OF:
injury or camplication which caused death.)	
ANTECEDENT CAUSES (B)	
	AS A CONSEQUENCE OF:
RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	
Z (C)	20000 20000 20000 20000 200
OF THE RIGHIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WAS	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL	
DISEASE OR CONDITION GIVEN IN PART I (A).	
20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WA	S PERFORMED 21. AUTOPSY? (Yes ar Na)
	Yes
₹ 22A. EXTERNAL CAUSE WAS 22B.PLACE OF INJURY(e.g.,	In or obaut 22C. WHERE DID (If in Boltimore City, give exact lacation)
22A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB- hame, form, foctory, street, affice UTING CAUSE OF DEATH.	bldg., etc.) INJURY OCCUR?
UTING LI CAUSE OF DEATH. ≥ 22D. TIME (Month) (Doy) (Yeor) (Haur) 22E.INJURY OCCURRED	22F. HOW DID INJURY OCCUR?
OF INJURY	WHILE -
(APPROX.) m. WORK AT W	
23.	107)
	ond that on this basis, death In my opinion
resulted from: Notural couses X Accident Suicid	e Homicide Undetermined manner
11110 1 (1)	CHIEF MEDICAL EXAMINER DATE SIGNED
SIGNATURE MUSICAL TO M.D.	ASSISTANT MEDICAL EXAMINER
	ASSOCIATE MEDICAL EXAMINER 10/1/68
NAME (Type) Werner U. Spitz, M.D.	ADDOUGH MEDICINE DIVINITIES EST
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY	or CREMATORY 24D. LOCATION (City, tawn, ar caunty) (State)
REMOVAL (Specify)	
Burial Oct.4, 1968 New Cathedral	
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	
OCT 8 1968 OL O. S. 2 Jacobs	25C. FUNERAL DIRECTOR ADDRESS

15-02 Mary

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5-432

68-10148 BALTIMORE CITY HEALTH DEPARTMENT

AMEDICAL EXAMINER'S CERTIFICATE OF DEATH

68-10148

BIRTH N	0.		MED	ICAL	LAA	MIIINEK 3	CLKII	11 15	CAIL	. 01	DLA	111	REG.	NO	00	TOT	.10
-	E OF DECE	ASED					2. DAT	E	Knowr	, (X	Month		Doy		Year	Haur	
(Type or l			OMAS S	HIELDS	S		OF		Estimo	ated 🗌	Octob	er	6,	1968	3		1.4
4 DIACI	E INI BALT	IMORE, MAI				CED DEAD	3. DAT				Manth		Day		Year	Haur	М.
FULL NAM			IN HOSPITA						NCED D	EAD				1000			
HOSPITAL OR INSTIT		ADDRES	S OR LOCA	TION)	1011014,	JIVE JIMEET			SIDENC	E (Where	Octob e deceased	lived.	If insti	tutian: re			P. M
00		817 W e:	st Mul				A. STAT	N	fary1	and			COUN	- de	I BALTCO	10	4
6. SEX		7. RACE				EVER MARRIED] C. CITY					D.	IIVSIL	E CITY	1	V	1
Mal		Neg:		WIDOWI		DIVORCED	J CTDS		Balti			3	Mind I.	YES	_X	ио Ц	
(D)	OF BIRTH	-1439	10. AGE (Ir last birthda 28			Yr, If Under 24 Hr: Days , Haurs , Mir					Mu1be	erry	y St	treet	:		
11. BIRTH	IPLACE (St	ate ar fareig	n country)	7 1	2. CITIZ		13. FAT	HER'	SNAME	,	10 11						
Be	celler	and	mil		U.	COUNTRY?	=	1	Ni	The	She	ele	1	•			
dane durir	AL OCCUP	ATION (Give orking life, eve	kind of work en if retired)	14B. KIND	OF BUSI	NESS OR INDUST	RY 15. MC	THE	S MAID	EN NA	ME	non.	1/9	7/			
16 WAS	DECEASE	D EVER IN	J.S. ARMED	FORCES	? [17.	SOCIAL	1B. 110F	ORN	MAN		1	VI		ADDE	255		
(Yes, na a	r unknawn)	(If yes, give w	or or dates	of service)		SECURITY NO.	-	1	1-	16	1.1.0	1		1		0	
19.	1 000	1	20		-	CAUSE OF DE	ATH	Co	ur,	240	alec		1	del		PROXIMATE	
	5/	101						ton	nornh	ocie	of 1	13701	r		BETW	EEN ONSET	AND DEATH
		OR CONDI		CTLY				Lan	norpin	0515	OI II	rver					
(1)		t mean the		ing, e.g.,		(A)IMMEDIATE DUE TO, O		VSEQ	LIENCE O)F·							
		asthenia, etc.				50210,0			021102 0		4						
	, , , , , , , , , , , , , , , , , , , ,			,							11						
		TECEDENT				(B)	0.45.4.60) NICE	21151105								
D1	I SEASES O SE TO THE	R CONDITION	DNS, IF ANY JSE (A) STA	, GIVING		DUE TO, O	K AS A CO	NSE	JUENCE	OF:							
U		G CONDITI				(c)											
9 4	81.0	2	II					_									_
⋖ 0	THER SIGNI	FICANT CON	IDITIONS C														
E D		CONDITION			ITAL												
20 A.	DATE OF	OPERATION	1 20B. COI	NOITION F	OR WHI	CH OPERATION	WAS PERF	ORM	IED					2	1. AUTO	PSY? (Yes	ar Na)
																Yes	
	DERLYING	OR CON	TRIB-	2 H	22B. PL AC hame, fari	E OF INJURY (e.g., factory, street, of	,, in ar abo fice bldg., e	aut 2 rtc.) II	2C. WHE	RE DID	(If in Baltin	nare C	ity, giv	e exact l	acation)		
	TIME (Manth) (D	ay) (Year	r) (Haur) 22E. It	JURY OCCURRE)	12	2F. HOV	V DID IN	JURY OC	CUR?	_				
OF I	NJURY ROX.)	, ``			WHILE	AT NO	OT WHILE	7									
23.	NOX.)			1	m. WORK	L AT	WORK L										
	I certi	fy that I he	eld on I	nguiry [Ins	spection A	utopsy	X	ond t	hot on t	this basi	s, de	oth ir	my ap	inian		
		ed from: N	atural cau	T	Accid		ide 🗌		micide		Undeter	mined	l man	ner 🗍			
	result	ed from: IX	oloror cao	Ses LA	7	5010	ide 🗀				EXAMINE						
	ACTUAL	(1)	V	1	1	-					EXAMINE	-	3			DATE SIG	SNED
	SIGNATU		NO.	0,	Y	TO N	.D.						7				
	NAME (T	ype)		S. S		ate, M.D.					EXAMINE		J			7, 19	
24A. BU REMOV	RIAL CREN AL (Specif		4B. DATE		24C. N	AME of CEMETER	Y or CRE	MATC	ORY	24D.	LOCATIO	NO.	(City	, town, a	ar county) (S	rate)
13	ired	L 1	0-11-	-68	1/30	- 18. N.	ar.	a			/sal	1.1.				ma	*
25A. DA	TE REC'D	BY HEALTH	DEPT.	25B. N	AME OF	REGISTRAR	2	25C.	EUNERA	L DIRECT	TOR			ADD	RESS		
	UCI	8 196	व वस्त	计外	-5	8-0	2	8	Pre	ich (8. C	2/	· Cx	100) (Ha	6.
VS 151-R	EV. 1/1/6B								Y			,				-	/ "

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68-10149 BALTIMORE CITY HEALTH DEPARTMENT
MEDICAL EXAMINER'S CERTIFICATE OF DEATH
REG. NO. 68-10149

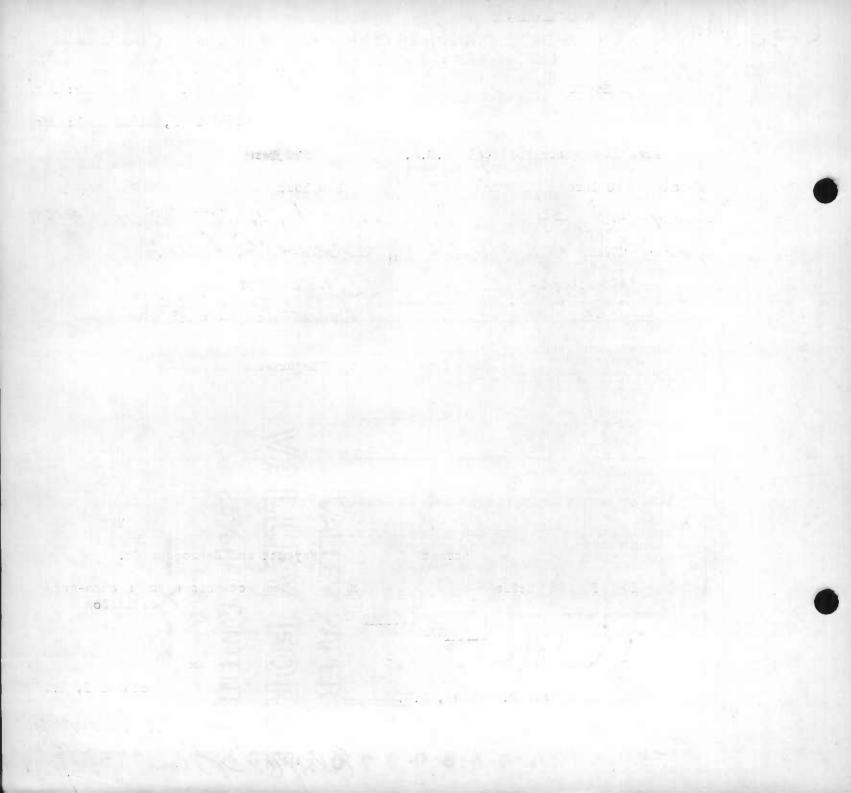
BIRTH NO.	KEG. 110.	
1. NAME OF DECEASED	2. DATE Knawn Month Doy	Year Haur
(Type or Print) CEPHUS WHITFIELD	OF DEATH Estimoted 10 6	68 8:30 a M.
The state of the s	3. DATE Manth Doy	Year Hour
A PLACE IN BALLIMORE, MARYLAND, WHERE PRONOUNCED DEAD FIRST PROTECTION OF THE DESCRIPTION OF THE DESCRIPTIO	PRONOUNCED DEAD	1060
	5. USUAL RESIDENCE (Where deceased lived. If Institution	1968 8:30 a M.
1-14-69	A. STATE B. COUNTY	n: residence perore odmission)
626 N. Carrollton St.	Maryland	
6. SEX 7. RACE B. MARRIED NEVER MARRIED	C. CITY OR TOWN D. INSIDE C	ITY LIMITS?
Male Colored WIDOWED DIVORCED	Balto.	ESPA CAGT
9. DATE OF BIRTH 10. AGE (In years If Under 1 Yr. If Under 24 Hrs.	E. STREET AND NUMBER	7104
Manths, Days, Haurs, Min.		
11. BIR HPLACE (Stote or Jareign country) 12. CITIZEN OF	1101 Harlem Ave.	
WHAT COUNTRY?	13. FATHER'S NAME	7
mensforce 1.C 11:5 A	Kitter Whittielex	
14A. USUAL OCCUPATION (Give kind of work 14B. KIND OF BUSINESS OR INDUSTRY dang during most of working life, given if religing)	15. MOTHER'S MAIDEN NAME	
Sale 1	Best Bears	
16. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. SOCIAL	IB. INFORMANT	DORESS
(Yes, no or unknown) (If yes, give war or dates af service) SECURITY NO.	Saller 110 0	
	succes Henry Se	APPROXIMATE INTERVAL
CAUSE OF DEAT	TH /	BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY	Acute alcoholism	
LEADING TO DEATH	AUSE Chronic Lung Disease	
(This does not mean the mode of dylng, e.g., heart failure, asthenia, etc. It means the disease,	AS A CONSEQUENCE OF:	
injury ar camplication which caused deoth.)		
	berculosis - AS A CONSEQUENCE OF:	
RISE TO THE ABOVE CAUSE (A) STATING THE	AS A CONSEQUENCE OF:	
UNDERLYING CONDITION LAST. (C)		
(C)		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING		
TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).		
20 A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WA	AS PERFORMED	21. AUTOPSY? (Yes or No)
✓ 22A. EXTERNAL CAUSE WAS 22B.PLACE OF INJURY(e.g.,	in or obout 22C. WHERE DID (If in Baltimore City, give ex	YES YES
UNDERLYING OR CONTRIB. hame, farm, factory, street, affice	e bldg., etc.) INJURY OCCUR?	oci roconan)
Q UTING ☐ CAUSE OF DEATH.		
22D. TIME (Month) (Day) (Yeor) (Haur) 22E.INJURY OCCURRED	22F. HOW DID INJURY OCCUR?	
(APPROX.) WHILE AT NOT AT W	WHILE CORK	
23.		
I certify that I held on Inquiry Inspection Aut	$ ext{topsy} \ oxed{X} ext{X}$ and that an this basis, death in my	opinion
resulted from Notural dauses XX Accident Suicid	e Homicide Undetermined manner	
	CHIEF MEDICAL EXAMINER	
ACTUAL CL CO. S. K. C.	ASSISTANT MEDICAL EXAMINER	DATE SIGNED
SIGNATUREM.D		
EXAMINER'S	ASSOCIATE MEDICAL EXAMINER	Ostahom 6 1069
NAME (Type) Edward F. Wilson, M.D. 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY	or CREMATORY 24D. LOCATION (City, tow	October 6, 1968
REMOVAL (Specify)	or CREMIATORY (CITY, 16W	n, or caunty) (State)
Bunt 10-9-68 Bull no	at aut Ballo	mex
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR	ADDRESS
OCT 8 1968 (1 Page 4, 19 19 19)	0 80110 -100	
0,000 0,000 0,000	e leg of 2/ le	~ 7/ OU
VS 151-REV. 1/1/6B		

BIR	H NO. CERTIFICATE OF DEATH Registered No.	68-10450
1. N	AME OF DECEASED 2. DATE AND HOUR OF DEATH	00 10100
	MAYOLA GILLIAM 10-5-68 LACE OF DEATH IN BALTIMORE, MARYLAND 14. USUAL RESIDENCE (Where deceased lived, If institution in the company of th	9:05 PM
!	A. STATE B. COUNTY MARYLAND C. CITY OR TOWN (If outside city limits, STATE) B. COUNTY MARYLAND C. CITY OR TOWN (If outside city limits, STATE) BALTIMORE, MD 21205 D. STREET ADDRESS (If rurol, give locotion)	
_	1304 N. BROADWAY	
	FEMALE NEGRO MARRIED 11-13-23	f Under 1 Yr. If Under 24 Hrs. Norths Doys Hours Min.
don	during most of working life, even if retired) Advised & Company &	WHAT COUNTRY
13.	ERNEST CAUGHMAN MARTHA THOMPSON	
15. (Ye:	Was Deceased Ever in U. S. Armed Forces? In or unknown) (If yes, give wor or dotes of service) Was Deceased Ever in U. S. Armed Forces? SECURITY NO. 17. INFORMANT SOURCE CILILIAN A	ADDRESS
	18. CAUSE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., DUE TO DUE TO	3 days
	LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, osthenia, etc. II means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if ony, giving rise to the above cause (A) stating the INDERSYNG CONDITION less.	2 weeks
	DISEASES OR CONDITIONS, if ony, giving rise to the obove couse (A) stoling the UNDERLYING CONDITION lost.	5+ years
ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
CERTIFIC.	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes of No) 20B. IF YES, WERE FIN IN CERTIFYING CAUSE	DINGS CONSIDERED
CAL	21A. ACCIDENT WAS UNDERLYING DRIVED AND CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21B. PLACE OF INJURY (e.g., in or about 21C. WHERE DID home, farm, factory, street, office bldg., INJURY OCCUR?	ity, give exact location)
MEDI	21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? While At Not While Work At Work	
		19 68
	that (1) (we) last sow the deceased alive on	n deoth accurred on the date
	23A. SIGNATURE M.D. Attending Med. Stoff	B. DATE SIGNED
	23C.PHYSTCIAN'S NAME (Type) DAVID L. JACKSON M.D. THE JOHNS HOPKINS HOS	PITAL
-	BURIAL CREMATION, 248, DATE 24C, NAME of CEMETERY of CREMATORY . 24D, LOCATION (City	lown, or coonly) (State)
24/	REMOVAL (Speaity)	_ / /



68-10151 BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S	CERTIFICATE OF DEATH REG.	68-10151
BIRTH NO.		
I. NAME OF DECEASED	2. DATE Known 🔀 Month Day	Yeor Hour
(Type or Print) IRIS REID	OF DEATH Estimoted 10 5	68 3:45 am.
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	3. DATE Month Doy	Yeor Hour
	PRONOUNCED DEAD	1601
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	October 5	. 1968 3:45 am
OR INSTITUTION	5. USUAL RESIDENCE (Where deceosed lived. If instit	
	A. STATE B. COUN	
Franklin Square Hospital D.O.A.	New York	V = 2 4
6. SEX 7. RACE 8. MARRIED NEVER MARRIED	C. CITY OR TOWN D. INSID	E CITY LIMITS?
Female Colored WIDOWED DIVORCED	New York	YES 🔀 NO 🗌
9. DATE OF BIRTH 10. AGE (In years 1 If Under 1 Yr. If Under 24 Hrs. lost birthday) 35 Months, Doys, Hours, Min.	E. STREET AND NUMBER	
10 st 11 16 13 571	109-10-160 testeut 5	1 - n6.1
11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF		anue 11. Jul
11. BURTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?	13. FATHER'S NAME	0
Angual Jones n.h	(hayles Important	14
14AUSUAL OCCUPATION (Give kind of work) 48. KIND OF BUSINESS OR INDUSTRY	15. MOTHER'S MAIDEN NAME	
done during most of working life, even if retired)	0 9, 11	
Houswill	Hence Italk	
16. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. SOCIAL	18. INFORMANT	ADDRESS
(Yes, no or unknown) (If yes, give wor or dates of service) SECURITY NO.	00- 1-12 0	1
140	Coment Click &	anuce_
19. CAUSE OF DEA	TH	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
CO'KI'		DELWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY		
LEADING TO DEATH	AUSE Tniuries	
(This does not mean the mode of dying, e.g., DUFTO OR	AS A CONSEQUENCE OF:	
heort foilure, osthenio, etc. It meons the diseose, injury or complication which coused death.)		
ANTECEDENT CAUSES (B)		
DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO, OR	AS A CONSEQUENCE OF:	
RISE TO THE ABOVE CAUSE (A) STATING THE		
Z UNDERLYING CONDITION LAST. (C)		
O		
E STUER SIGNIFICANT CONDITIONS CONTRIBUTING		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL		
DISEASE OR CONDITION GIVEN IN PART 1 (A).		
20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W	AS PERFORMED	21. AUTOPSY? (Yes or No)
0 2		******
7		YES
	in or obout 22C. WHERE DID (If in Boltimore City, giv	e exoct location)
UNDERLYING OR CONTRIB-	e bldg., etc.) INJURY OCCUR?	
UTING CAUSE OF DEATH. 22D. TIME (Month) (Day) (Year) (Hour) 22E INJURY OCCURRED	Fayette and Schroed	TEL DL.
22D. TIME (Month) (Doy) (Year) (Hour) 22E. INJURY OCCURRED	22F. HOW DID INJURY OCCUR?	
(APPROX.) 10 5 68 3:25a WORK AT WORK	WHILE X Subject passens	ger in auto-auto
23.	one was passent	
		collis ió n
I certify that I held an Inquiry Inspection Au	tapsy xx and that an this basis, death in	my apinian
resulted from Natural scauses Accident XIX Suicio	le Undetermined mann	ner 🗌
	CHIEF MEDICAL EXAMINER	
ACTUAL XX.		DATE SIGNED
SIGNATURE M.D.	ASSISTANT MEDICAL EXAMINER	
EXAMINER'S	ASSOCIATE MEDICAL EXAMINER	
NIAME (T		October 5, 1968
HOWSE CONTROL OF THE STATE OF T		
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY REMOVAL (Specify)	ar CREMATORY 24D. LOCATION (City,	town, or county) (State)
A LI DE LA DE LA	To will	1 . 1.1. 1 11. 11
1200ia 10-10-60) fundamen (0	m Whimmish &	my Bhand W. Y
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR	ADDRESS (
DCT 8 1968 (P.O. o. P. Jan. 14. 14.	a la stranger oursely	- non-yearly a
San Caralla Ca	CONTROL IN , la	F/ (2/1.
VS 151-REV. 1/1/68	0 70	1 11
1400-110	U	1



2-324	68-10152 BALTIMORE CITY HEALTH DEPARTMENT	00 40450
D-F D O-F	M.E. CASE NO.	68-10152
and eatl ase ase th	1 NAME OF DECEASED	
oital and of death Deceased on the arth. Such	3. PLACE OF DEATH IN BALTIMORE, MARYLAND 4. USUAL RESIDENCE (Where deceosed lived, II insti	1 4.5 a. tution: residence before admission
	A. STATE Md. B. COUNTY	1 4
	FULL NAME OF (If not in hospital or institution, give street HOSPITAL OR oddress or location) FULL NAME OF (If not in hospital or institution, give street oddress or location) C. CITY OR TOWN (If outside city limits, write RU)	RAL and give township)
	Lincoln Memorial Nursing Home D. STREET ADDRESS III rurol, give location	- > 0
ed in uting d cau r att	D. STREET ADDRESS (If rurol, give locotron)	0.6
but lar	5. SEX 6. RACE 7. MARRIED, NEVER MARRIED B, DATE OF BIRTH 9. AGE (In years	II Under 1 Yr. If Under 24 Hr. Months Doys Hours Min.
contribut contribut etermined n regular sceased p	Male Negro WIDOWED, DIVORCED (specily) 100. USUAL OCCUPATION Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country)	
th o con con con con is	10A. USUAL OCCUPATION (Sive kind of work 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
or nd de itio	UNKNOWN UNKNOWN Calvert County, Md.	4. S.A.
direct (4) U (4) U th wan the	113. FATHERS NAME	1
di dis	15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dotes of service) 16. SOCIAL SECURITY NO.	LOATON
Ssistar the drind deat nice o	11 1) a start of 12 a	1 morken St
assi assi if the ny handane dane dane fin	UNKNOWN SLEET SOUTH CAUSE OF DEATH	INTERVAL BETWEEN
f a f	DISEASE OR CONDITION DIRECTLY	ONSET AND DEATH
Also or halso or hallow or h	ODISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., OTONORY Throm 605/5	6-13-68-10-5
R: ner. ctur ctur ar	heart foilure, astheria, etc. It means the disease, injury or complication which coused death.)	
miner fract fract open	ANTECEDENT CAUSES (B)	
O SEAN S	DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the (C)	
cale x all ex (3) s; (3) iian iis in	UNDERLYING CONDITION Iasl.	
= 0 = 0 0	420./ II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
RAL medimedi bur phys	TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
FUNERA TO Chief m by a mee 2) Body bu re the phy physician fore the re	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FIN IN CERTIFYING CAUS	NDINGS CONSIDERED SES OF DEATH?
he clean by (2) By phy fore		City, give exact location)
=======================================	OK CONTRIBUTING CAUSE OF home, form, foctory, street, office oldg., INJURY OCCUR?	
4 6 5 > P	Q 21D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?	
proved he hos ny nati xcept and (6	Work At Work	
		2 tober 5 19 68
of to the control of	that (1) (we) last saw the deceased alive an October 5 19 66 and that in (my) (aur) apini and haur and fram the causes stated abave. (1) (We) (did not) view the bady after death.	an death accurred an the do
ust be a dent of dent of death) must be		23 B. DATE SIGNED
5 5 5 5	Melle Stande M. J.M.D. Attending Med. Director Phys.	10-5-1968
was re An ac Prior	23C. PHYSICIAN'S NAME (Type) 23D. ADDRESS	. 2
	HULLIS DEUNARINEMD. 1801 YREENBERR	
L - 0 0 -	PREMOVAL (Specily)	, town, or county) (Str. 1
0 0 0	25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 35C. FUNERAL DARECTOR	ADDRES
This the sho was	OCT 8 1968 Al C. T. E. Felicina 2 months of Plann	638NG
	VS 150-REV. 1/1/65	

Marin Sensone and Janes server

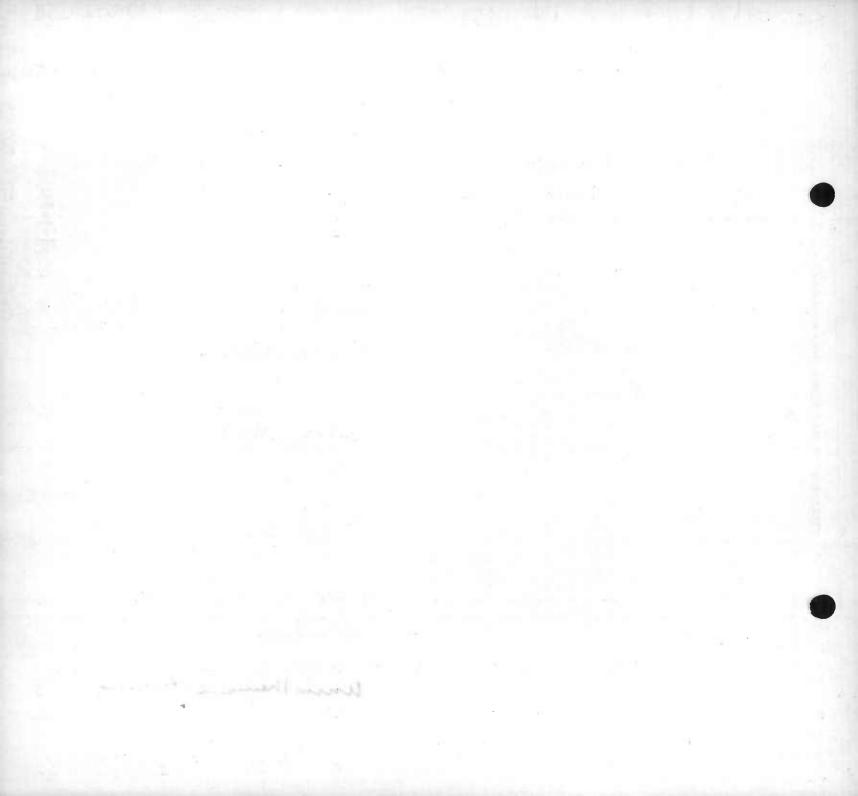
T	460	BIRT	H NO.		-10153	CERTIFICA	TE OF DEATH	Registered No.	68-10153
	of death of death Deceased e on the	1. N	AME OF DECE	ASED Tyler, GENIEV	Genieve	LER		AND HOUR OF DEATH	1968 & 5:32Pm.
	hospital use of (5) Dece ance or death.		LACE OF DEA	TH IN BALTIMORE, MA	RYLAND		4. USUAL RESIDENCE (W. A. STATE B. COL	here deceased lived. Il in	stitution: residence before admission)
	S O C U		TE JOHN	IS HOPKINS (If not in hospital of			MARYLAND	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
			HOSPITAL OR	address or locotian)		C. CITY OR TOWN (IF	outside city limits, wrife F	URAL and giv tawiship
		2	2				BALTIMORE	- K	2 00
	U.m. L.	P)				1504	If rural, give locotian)	14.4
	but lar	S. S	EX	6. RACE		EVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr., If Under 24 Hrs.
	contribut contribut etermined n regular sceased p		EMALE	WHITE	MARRIE	DIVORCED (specify)	3/7/18	10st birthdoyl	Months Doys Hours Min.
	re r	toA	USUAL OCCU	PATION (Give kind of work			11. BIRTHPLACE (State or fo		12. CITIZEN OF WHAT COUNTRY?
	de		EAMSTRE	rorking life, even if retired) SS	TEXTIL	. E	Clay Court	· W Va	U.S.A.
	if death rect or c (4) Undet was in the dec	₩ ₃ .	FATHER'S NAM	NE .			14. MOTHER'S MAIDEN N	AME	
-	(4)	В	ERNARD	BROWN			LENORE PRY		
AN	stant ne dii ind; leath se on nal di	S.	Was Deceased	Ever in U. S. Armed Fore	ces?	SECURITY NO.	17. INFORMANT		ADDRESS
E	ssista the the kinc dea	S)					Cunning ha	in FH Ch	alleston W.Va.
MPORT	DAT TOOK	24	18.575	XI					ONICET AND DEATH
N N		A .		E OR CONDITION DIR LEADING TO DEATH	ECTLY	6	CUTE LIVER	FALLURE	5.134-6
=		20	(This does no	of mean the mode of		DUE TO	CUIE LIVER	/- N/\VX E	J 4 Weens
OR:	9 2 7 7 8 9	0		asthenio, etc. II meons plication which coused					
2	amine A frace Abo presedent	ES CO	А	NTECEDENT CAUSES		(B)		***************************************	• • • • • • • • • • • • • • • • • • • •
ECT		ψ		R CONDITIONS, if a obove cause (A)		161			
2	_ 0	155		CONDITION lost.	starting the	()	***************************************	• • • • • • • • • • • • • • • • • • • •	
٦	medical edical burns; (; hysician in was ii	N	3 85	CANT CONDITIONS C	ONTRIBILTING				
RA		Xaminer IFICATION	TO THE DE	ATH BUT NOT RELA	TED TO THE				
NER	a mody ody he p sicio	X	19 A. DATE OF	WAS PER		Done at	20 A. AUTOPSY? (Yes or		FINDINGS CONSIDERED USES OF DEATH?
5	0 4 20	CERT	21 A. ACCIDEN	T WAS UNDERLYING TING CAUSE OF	0/ccys 1, +	ACE OF WILLIAM	n Sg. Hospit	al NO	City, give exact location)
	tal by	P O	DEATH (notify	TING CAUSE OF medical examiner	home,	form, foctory, street, o	office bldg., INJURY OCCUR?		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	by the principal whe who is no in the principal who is no in the principal who is no in the principal will be in the prin	000		(Month) (Doy) (Yeor)	(Hour) 21 E. II	IJURY OCCURRED	21 F. HOW DID II	NJURY OCCUR?	
	hospit nature ept w d (6) N	Med	(APPROX.)		While	At Not Whi			
	ST X X E S		22. I certify	that (1) (this hospital				19 68 to 10/	6 1968
	000.0								nion death occurred on the date
	9 P O D T T	ğ					view the body ofter deoth		
	released taccident of a hospita	7	23A. SIGNATU	100	11	1		/	238. DATE SIGNED
	releas a cide a hos	8	Osc	great U.	(202en	baum Ph	rending Med. Director	Stofl Phys.	10/6/68
	was r An a prior	0	23C. PHYSICIAN NAME (Ty	YS pel			23D. ADDRESS		//
	certificate body was r rs: (1) An a D.O.A. at ased prior	S	ROBERT BURIAL CREM REMOVAL (S BULIAL	A. ROSENB		M.D.	THE JOHNS		SPITAL
	F 7 0 0 -	0	REMOVAL IS	pecify)	C PAC. NAN	LE OF CEMETERY OF CR	ZAD.	LOCATION (C)	ty, town, or county) (State)
	This cert the bod shows: (was D.C decease	0254	Date REC'D	AV HEALTH DEPT.	8 Bel	Chet Cem	O 25C NUNERAL DIRECT	-lay (o. 1	/, Wa.
	This c the b shows was I decec	P.	0	CI 8 1968 (1	2.2.2	Janke 14	2 25CHUNERAL DIRECT	rooks, Inc.	Balto, Md.
		V5	150-REV. 1/1/6	5				,	- / .

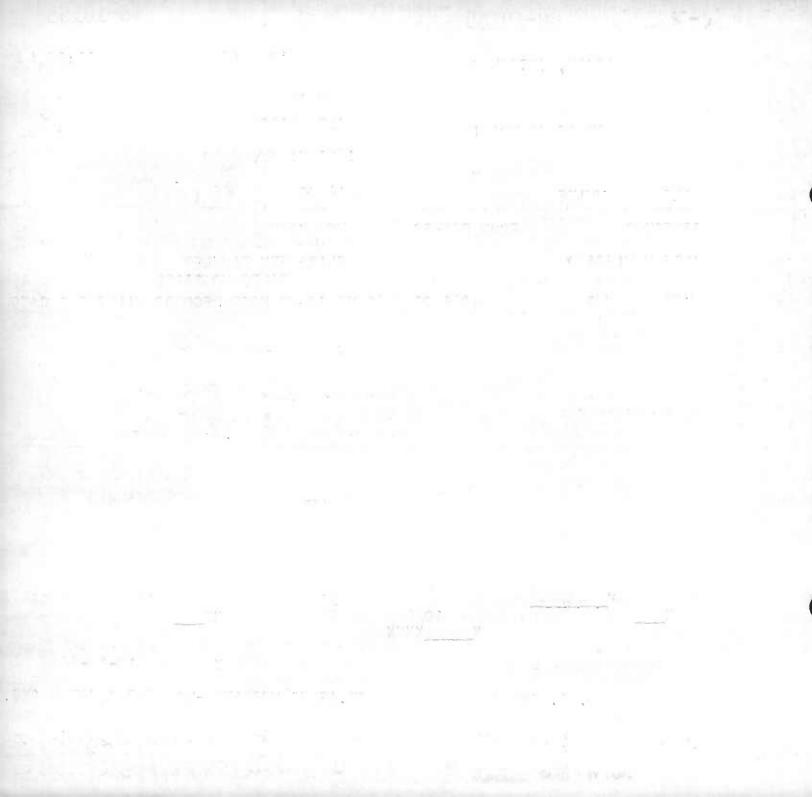


BALTIMORE CITY HEALTH DEPARTMENT

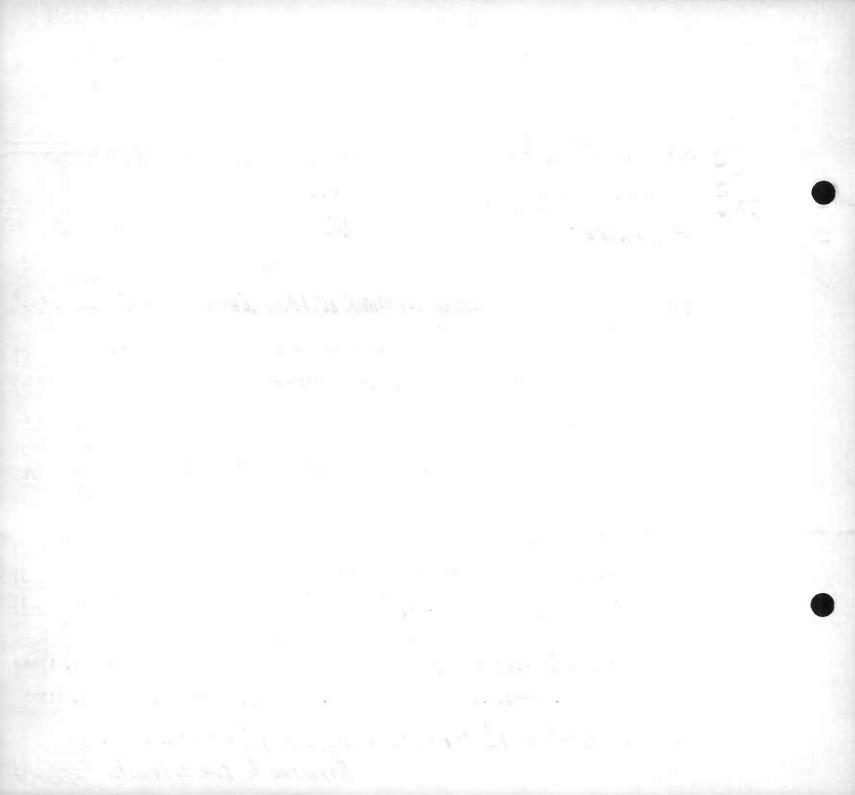
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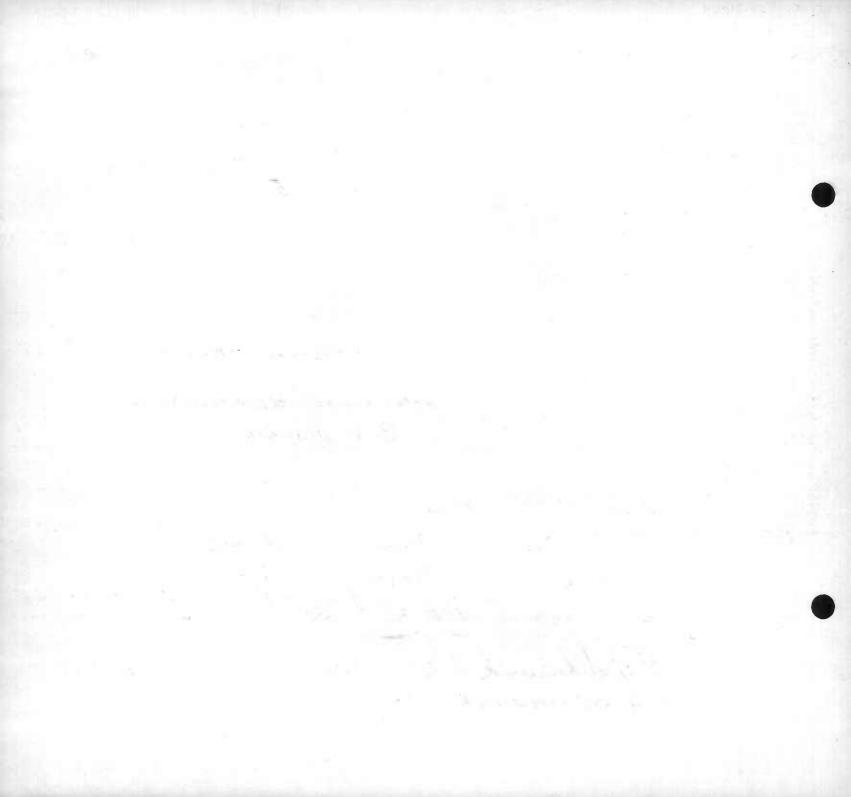
BIRTH NO. CERTIFICA	ATE OF DEATH REG. NO.
I.NAME OF DECEASED	2. DATE AND HOUR OF DEATH
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission)
	A, STATE 8. COUNTY
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION) INSTITUTION	C. CITY OR TOWN D. INPOS CITY LIMITS?
44	Baltimore YES NO
17	E. STREET AND NUMBER
S. SEX G. RACE TO MADDIED NEVER MADDIED	8. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. If Under 24 Hrs.
S. SEX 6. RACE 7. MARRIED NEVER MARRIED WIDOWED DIVORCED	3-5-1891 tost birthdoy) Months Doys Hours Min.
10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY
done during most of working life, even if retired)	New Handshire USA
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Daniel Reader	Sarah Lxons
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dates of service) 16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS
	David Reader 1431 N.W. HUR
18. 23-0191 CAUSE OF DEAT	TH Ft. Laude SECTION ONSET AND GENTH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	Cook 1 charl A it d
(This does not mean the mode of dying, e.g., (A) IMMEDIATE CA! DUE TO, OR AS	US Cerebral Oascular Aceident
heorl failure, osthenia, etc. It meons the diseose, injury ar complication which caused death.)	
ANTECEDENT CAUSES (8)	
DISEASES OR CONDITIONS, if ony, giving DUE TO, OR AS	S A CONSEQUENCE OF:
UNDERLYING CONDITION last. (C)	shetes Mellitus
2 2 6 0 X II	
O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL ODDEACH ON THE DEATH BUT NOT RELATED TO THE TERMINAL ODDEACH OF THE DEATH SIGNIFICANT OF THE DEATH SIGNI	
U 19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION WAS PERFORMED	20 A. AUTOPSY? (Yes or No.) 20 B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
	100
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21 A. ACCIDENT WAS UNDERLYING home, form, foctory, street, cetc.)	in or about 21C. WHERE DID (If In Soltimore City, give exact location) office bldg., NJURY OCCUR?
21D. TIME (Month) (Doy) (Yeor) (Hour) 21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
White At Not Whi	ile 🖳
WORK AT WORK	
22. I certify that (+++) (this hospital) attended the deceased from that (+++) (we) last sow the deceased alive on 10-2	19 6 8 ond that in (may) (our) opinion death occurred on the data
ond hour and from the causes_stated above. (1) (We) (did) (did nat)	
23A. EIGNATURE	23B. DATE SIGNED
Stephen Tollow MO AMPhy	rending Med. Staff ys. Director Phys. 40-2-68
23C. PHYSICIAN'S NAME (Type)	230 ADDRESS Menmie Hospital 21209
Stephen Goldberger DEGREE	DSI-O Steele Idd 12 Himore
24A. BURIAL CREMATION. 24B. DATE 24C. NAME of CEMETERY of CR	
Burial 10-7-68 Prospect Hill	1 Cem. Towson, Md.
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR!	2 250 TUNERAL DIRECTOR TUCKS TUCK BILL NA 11757
Modern C. Madeen	balto, Md. 21202





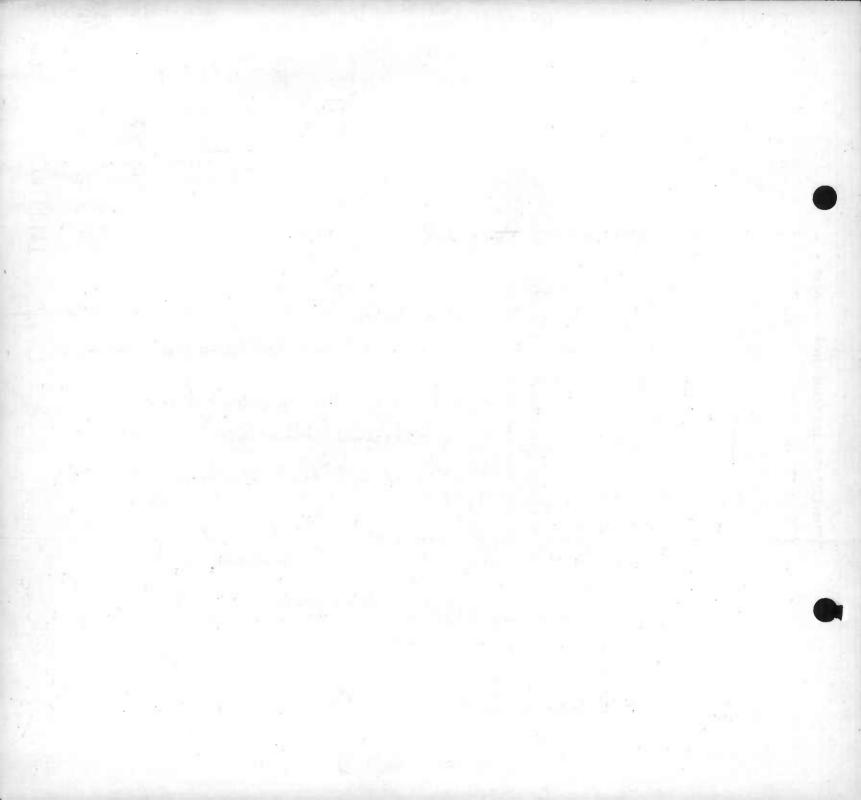
CO 10156 BALTIMORE	CITY HEALTH DEPARTMENT	68-10156
BERTH NO. M.E. CASE NO. 68-10156 CERTIFIC	CATE OF DEATH Registered No. —	00 10100
1.NAME OF DECEASED (Type or Point) Hallie White	2. DATE AND HOUR OF DEATH October 2, 1968	1:00 AM
3. PLACE OF DEATH IN BALTIMORE, MARYLAND	4. USUAL RESIDENCE (Where deceased fived. II insti	tution: residence before admission
FULL NAME OF (If not in hospital at institution, give street oddress or location)	C. CITY OR TOWN (If autside city limits, write RU BAITIMORE	RAL and give bwnship)
The Johns Hopkins Hospital	D. STREET ADDRESS (If rurol, give location)	1 -
Baltimore, Maryland, 21205	128 Ni CollingTon	QUE.
5. SEX 6. RACE 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (Specify 10A. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDU	(1/9/1/	If Under 1 Yr. II Under 24 Hr. Months Doys Hours Min.
10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDU	ISTRY 11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
HOUSEWIFE	VA.	11.5.A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
ALLEN JENKINS	SUSIE —	
5. Was Deceased Ever in U. S. Armed Forces? 16. SOCIAL (Yes, no or unknown) (Ilf yes, give wor or dates of service) SECURITY NO.	17. INFORMANT	ADDRESS
1/0	3JMR. WILBUR WHITE 120	8 N. CallINETING
18. 9 1 CAUS	SE OF DEATH	INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY		ONSET AND DEATH
	cidosis and coma	10 days
(This does not mean the made of dying, e.g., DUE TO heart failure, asthenia, etc. ft means the disease,		
	iabetes mellitus	7 years
ANTECEDENT CAUSES (B) DUE TO)	
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the (C)		
UNDERLYING CONDITION last.		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE Congestive Disease or condition causing it.	ve heart failure, renal failure	7 days
19A. DATE OF OPERATION WAS PERFORMED XXXXX	20A. AUTOPSY? (Yes or No.) YES 20B. IF YES, WERE FII	NDINGS CONSIDERED
U 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (DOR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) XXXXX	e.g., in or obout 21 C. WHERE DID et, office bldg., INJURY OCCUR?	City, give exoct location)
21D. TIME (Month) (Doy) (Year) (Hour) 21E, INJURY OCCURRED		
≥ While At XXXXX Not	While XXXX	
22. I certify that (1) (this hospital) attended the deceased from		er 2, 19 68
that (%) (we) lost sow the deceased alive on October 2,	19 68 ond that in(紫y) (our) opini	
ond hour and from the couses stated above. (1) (Me) (did) (did, a		23B, DATE SIGNED
Slearge H. Jack Ar. M.D.	Attending Med. Stoff	October 2, 1968
23C. PHYSICIAN'S NAME (Type)	23D. ADDRESS	
	M.D. 601 N. Broadway, Baltimore,	Maryland, 21205
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF BEMOVAL (Specify) 10/5/68 BATTIMOR	E CEMETERY BALTIMOR	town, or county) (Stote)
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR!	DAYMOND KAZARI	wet 2525
	1117/11/11/11/ 1/11/1/1/1/	Wall Elm



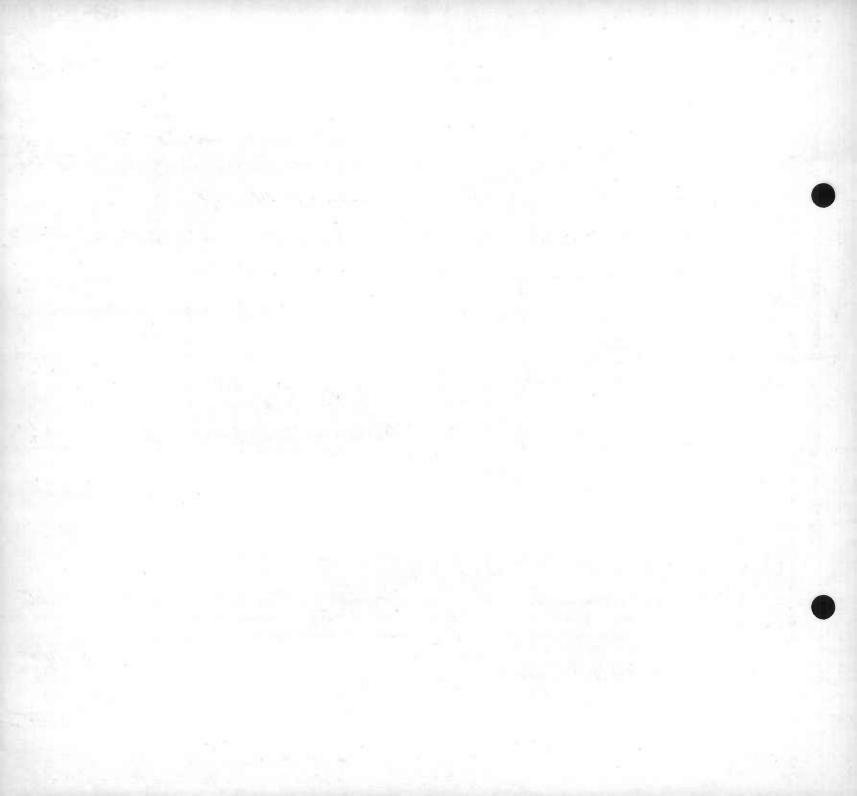


ATTE STREET, MICHIGAN S. Marker Little, make miller thomas much finders, you its 1 1 1 1 TO TOO Cezand to taked no CEZAR A LOPEZ NO CHURCH HOME AND TO VILL Paperson L. Rosenson St. Continued

CO.	BALTIMORE CITY	HEALTH DEPARTMENT	6	8-10159
68-	10159 CERTIFICA	TE OF DEATH	REG. NO	
	CERTITION	TE OF DEATH		/
1, NAME OF DECEASED (Type er Print)		2. DATE AN	D HOUR OF DEATH	,115
THERESE	DIMON	000	X 3, 1968	6. PM
3. PLACE IN BALTIMORE, MARYLAND, WHERE	PRONOUNCED DEAD	4. USUAL RESIDENCE (When	e deceased lived. If institution	n: residence befere edmissien)
		2001	1 -	-1
FULL NAME OF (IF NOT IN HOSPITAL OR ADDRESS OR LOCATION)	INSTITUTION, GIVE STREET	MICI		-01
		C. CITY OR TOWN	D INSIDE II	A FIWILE:
HOUSE IN THE PINE	S, BELU.	Ballo	TES	NO
		E. STREET AND NUMBER	7 -th D()	
40		2523 6	ulaw 11	ace
5. SEX 6. RACE 7. MA	ARRIED NEVER MARRIED	B. DATE OF BIRTH		nder 1 Yr. , If Under 24 Hrs.
77 ()	OWED DIVORCED	C + 11 1600	lest birthdoy) Ment	hs Deys Heurs Min.
10A. USUAL OCCUPATION (Give kind of work 10B, K		The Right Hold A CE Islate of face	an country) 12 C	TITIZEN OF WHAT COUNTRY
dene during mest of working life, even if retired)	A POSITESS OF INDOSTRE	The blanch of tole	12.0	A 1
a de matrida	Dan Ti	marie	and	USQ
13. FATHER'S NAME	The state of the s	14. MOTHER'S MAIDEN NA	WE	
0	-			
20000		Cloud		
15. Wes Deceesed Ever in U. S. Armed Ferces? (Yes, ne or unknown) (If yes, give wer er detes ef s	ervice) 1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
N	0 161-30 -1 111	as Done 4	100	5
, 10	21830 676	III - Oreans	nel Cisentino	APPROXIMATE INTERVAL
18.4/2.31	CAUSE OF DEAT	n ,		BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTL	Υ	P + 1.1	Ail it	1.1.
LEADING TO DEATH	(A) IMMEDIATE CAL	ISE CONFERME LAND	stauling with	6 WKen 1
(This does not mean the made of dying heart failure, asthenia, etc. It means the d		A CONSEQUENCE OF:		
injury ar camplication which caused death		D A	1 00	1
ANTECEDENT CAUSES	Last roma	in Golden Al Com	En word (1 mile	I whi.
	diving DUE TO, OR AS	A CONSEQUENCE OF:	and to one built	
DISEASES OR CONDITIONS, if any, rise to the above cause (A) statis	giving	COL	1 4 1	ah Hears.
UNDERLYING CONDITION last.	(c) HEAT IS	mare (un enou	llytic)	The state of
- 420,0 II		^		+
OTHER SIGNIFICANT CONDITIONS CONTRIB	UTING SELECTION	O A tarrestor	Ves E Central deless	il anylas
= 10 THE DEATH BUT NOT RELATED TO THE TEX	MINAL - LUCK	d Artenoider	as c anna bues	a realis.
DISEASE OR CONDITION GIVEN IN PART 1 (A		20 A. AUTOPSY? (Yes er No	208. IF YES, WERE FINDIN	IGS CONSIDERED
WAS PERFORM	D	200	IN CERTIFYING CAUSES	OF DEATH?
198. CONDITION WAS PERFORMS 21A. ACCIDENT WAS UNDERLYING	21B. PLACE OF INJURY (e.g., i	n or should 21 C WHERE DID	/If in Politimore City	give quest legation)
OR CONTRIBUTING CAUSE OF	heme, ferm, foctory, street, o	ffice bldg. INJURY OCCUR?	(If in Beltimere City,	give exect lecetion)
DEATH (netify medical examiner)	etc.)			
21D-TIME (Month) (Dey) (Yeor) (He	or 21E, INJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?	
S OF INJURY (APPROX.)	While At Not Whil	e 🗖		
(APPROX.)	Werk L At Work		n/ of	0
22. I certify that (I) (this hospital) atte	ended the deceased from	11 orania of	19 27 to CHAMI	3 1960
that (I) (we) last saw the deceased ali	ve on Cotolle 3	19 68 kand th	at in(my) (aur) apinian d	leath accurred on the dat
and haur and from the causes stated al	pave. (I) (We) (did) (did nat) v	riew the bady after death.		
23A. SIGNATURE				DATE SIGNED
At- William Prince	CALL Dhy	ending Med.	Staff Phys. Co	HISTOU 4-1068
23C. PHYSICIAN'S	TO UEGREE	23D. ADDRESS	. / /	(1)
NAME (Type)	10 10	G	Mant int	R. S. 116200.
the Willham (UNIVACE DEGREE	contributan	When there -	1000 my 2011
24A. BURIAL CREMATION, 24B. DATE	24C. NAME of CEMETERY or CR	EMATORY 7 24D. L	OCATION (City, tow	n, or countyl (Stete)
13/6/68	Holos F	riandal. h	120 Ota	MA
25A. DATE REC'D BY HEALTH DEPT. 25B.	NAME OF REGISTRAR	25C FUNERAL DIRECTOR	Parco	ADDRESS
	TO CHARLES	2 201 2 10		7610 Reistenton
OCT 8 1968 ()2.	عرام در الماليميان	- Jacon s. de	ms a savino	nd
VS 150-REV. 1/1/6B				



		HEALTH DEPARTMENT	68-10160	
68	3-10160 CERTIFICA	TE OF DEATH REG	NO. 00 10100	
BIRTH NO.		2. DATE AND HOUR OF	DEATH	
(Type or Print) Moppie	1 To VIN	00- 6-11	10/5/7/10 4.	
3. PLACE IN BALTIMORE, MARYLAND,	WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased I	ived. If institution: residence before admission)	
	WHERE TROTTED BETTE	A. STATE B. COUNTY	0-	
FULL NAME OF (IF NOT IN HOSP ADDRESS OR LO	PITAL OR INSTITUTION, GIVE STREET	My. BALTIMGE	e City	
INICTITUTION		C. CITY OR TOWN	D. INSIDE CITY HMITS?	
4011 W. STRAT	THMORETHUE	BALTIMORE YES YES		
001	12 02	E. STREET AND NUMBER	1-12-12	
13ALTO, MY 21	715 HM . 1012	4011 W. TRATHM	ORE HUE INT DIS	
5. SEX 6. RACE	7. MARRIED NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In y	ears If Under 1 Yr. If Under 24 Hrs. Manths: Days Hours Min.	
MW	WIDOWED DIVORCED	JUNE 2 1879 89		
	ork 108. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?	
done during most of working life, even if retired	0000			
1Ry 40013-116	2841. YRY (70015-	KUSSIA	UNITEY STATES	
13. FATHER'S NAME	,	14. MOTHER'S MAIDEN NAME		
TAPOB SINTS	Kin	HAINA BERKON		
15. Was Deceased Ever in U. S. Armed		17. INFORMANT	ADDRESS APP 6.1	
(Yes, no ar unknawn) (If yes, give war ar de	0.01-13	ma. 11/201	10 6-11	
NO	119-10-8518	MES KOBERT (OL	TOW - 4011 W. TIRATHMORE	
18. 4 1 2 4 1	CAUSE OF DEAT	1 1 1	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	
DISEASE OR CONDITION I		D+ D+ B	//-	
LEADING TO DEAT	(A) IMMEDIATE CAU	sellettroselleroler lard	le 1	
(This does not meon the mode heart failure, asthenio, etc. It meon		CONSEQUENCE OF	11.car	
injury or complication which cause	ed death.)	Maseulan Deseas	el-	
ANTECEDENT CAUS	ES	with the second	ether!	
DISEASES OR CONDITIONS, if	f any, giving (B)	A CONSEQUENCE OF		
rise to the obove couse (A	A) stoling the	lead to trees	Land Village	
UNDERLYING CONDITION Iosi.	(c) //	nauzeg uzurcoaeci	yes yerrs	
- 4221/ 11				
O OTHER SIGNIFICANT CONDITIONS C				
19A. DATE OF OPERATION 19B. CO		20A. AUTOPSY? (Yes or No.) 20B. IF YE	S, WERE FINDINGS CONSIDERED YING CAUSES OF DEATH?	
E WAS F	ERFORMED	IN CERTIF	ING CAUSES OF DEATH!	
U 21A. ACCIDENT WAS UNDERLYING	21B. PLACE OF INJURY (e.g., i	or about 21 C. WHERE DID (If a	n Baltimare City, give exact lacation)	
OR CONTRIBUTING CAUSE OF DEATH (natify medical examiner)	hame, farm, foctory, street, at	fice bidg., INJURY OCCUR?		
0	A (Hand 215 IN HIRY OCCURRED	215 HOW DID INJURY OCCUP	12	
21 D. TIME (Manth) (Day) (Year OF INJURY		21F. HOW DID INJURY OCCUR	C.	
(APPROX.)	While At Wark At Wark		n	
22 I certify that (I) (this hosni	tal) attended the deceased from	1967 to	5 act 1968.	
	PLW (4117	10/		
that (1) (we) last saw the decea	sed alive an 7 - UHA	19.6.5and that in(my)	(our) apinian death accurred an the date	
	tated obave. (1) (1) (did) (1)	iew the bady after deoth.	Λ	
23A. SIGNATURE			23B, DATE SIGNED	
TXMANIAM AN		nding Med. Staff	3 (Pet 1961	
23C. PHYSICIAN'S	DEGREE Phy	Director Phys. L	P 04 1/EU	
NAME (Type)	Escill M	1/21 Foot / 1/4=	- AUF Rall MY	
LAURISTONLI	EOWIN / , D. OEGREE	43164516416	TIVE DAPPO, 19	
24A. BURIAL CREMATION, 24B. DATE	24C. NAME of CEMETERY OF CRI	MATORY 24D. LOCATION	(City, town, or county) 2/15tate)	
REMOVAL (Specify)	15 11-1200 16	alla la		
25A. DATE REC'D BY HEALTH DEPT.	25B. NAME OF REGISTRAR	120 FUNERAL PIRE 2011	ADDRESS	
DATE REC D ST HEALTH DEPT.	made as	SYLVAN S. CEWISE	50N /	
00.78 1968	D. B. E. Janbergha	MEMORIAL CHAPEL	, INC (TARKISON, M)	



IMPORTANT

DIRECTOR:

FUNERAL

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BIRTH NO.

I. NAME OF DECEASED (Type or Print)

3. PLACE IN BALTIMORE

5. Was Deceased Ever in Yes, no or unknown) (If

18.

MEDICAL

FULL NAME OF HOSPITAL OR INSTITUTION

00 40402	BALTIMORE CITY	HEALTH DEPARTMENT		00 40400
68-10162	CERTIFICA	TE OF DEATH	REG. NO.	09-10105
AME OF DECEASED OF PRINT! MULLEN TOHA ACE IN BALTIMORE MARYLAND WHERE PRONOUNCE	D DEAD W	2. DATE AND HI 10 - 4 14. USUAL RESIDENCE (Where de	-68	ion: residence before admission)
L NAME OF (IF NOT IN HOSPITAL OR INSTITUTION ADDRESS OR LOCATION) Montebello State	, GIVE STREET	A. STATE B. COUNTY MANY (AND C. CITY OR TOWN BAHIMONE E. STREET AND NUMBER 286 54	D. INSIDES YE	Telpace
ALC CAUCASIAN WIDOWED USUAL OCCUPATION (Give kind of work) 10B, KIND OF BUS	DIVORCED [9/20/14 lost	birthdoy) 54 Mg	Under 1 Yr. If Under 24 Hrs. onths: Doys Hours Min.
during most of working life, even if retired)	INESS OK INDUSTRI	14. MOTHER'S MAIDEN NAME		4.5.A.
FREDERICK Mulle	N	ElizabetH	ME	
	SOCIAL SECURITY NO.	MAS. VIOLA	Mullen	W.fe
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthemia, etc. It means the disease, injury or complication which caused death.)	(A) IMMEDIATE CAI DUE TO, OR AS	JSE ORONANY A A CONSEQUENCE OF: OFC / U	Artery usion	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving rise to the obove couse (A) stating the UNDERLYING CONDITION lost.		A CONSEQUENCE OF: WASCULAR D	CARDIO	- yew
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 194. DATE OF OPERATION [198. CONDITION FOR WHICE	H OPERATION	20A. AUTOPSY? (Yes or No) 20	B. IF YES, WERE FIND	INGS CONSIDERED

heart failure, ostheni injury or complicatio ANTEC DISEASES OR CO 10 the obov UNDERLYING CON CERTIFICATION OTHER SIGNIFICANT TO THE DEATH BUT N DISEASE OR CONDITIO 19A. DATE OF OPERA IN CERTIFYING CAUSES OF DEATH? WAS PERFORMED

21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 218. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID home, form, foctory, street, office bldg., INJURY OCCUR? (If in Boltimore City, give exact location) DEATH (notify medical examiner) 21 D. TIME OF INJURY 21E, INJURY OCCURRED (Month) (Doy) (Yeor) (Hour) 21F. HOW DID INJURY OCCUR?

While At Not While (APPROX.)

22. I certify that (this hospital) attended the deceased from 10 6.8 and that in (our) opinion death occurred on the date 19 that (we) lost sow the deceased olive

and hour ond from the couses stated obove. M (We) (did) (and tot) view the body after deoth.

Cedar Hill

23B, DATE SIGNED 23A. SIGNATURE Attending Phys. Med. Director

23C. PHYSICIAN'S NAME (Type) 23 D. ADDRESS

DEGREE 24C. NAME of CEMETERY OF CREMATORY

24D. LOCATION

Ritchie 25 FUNERAL DIRECTOR

Gonc 3, 4001 Ritchie Hgwy . Baltimore

VS 150-REV. 1/1/68

T

24A. BURIAL CREMATION, REMOVAL (Specify)

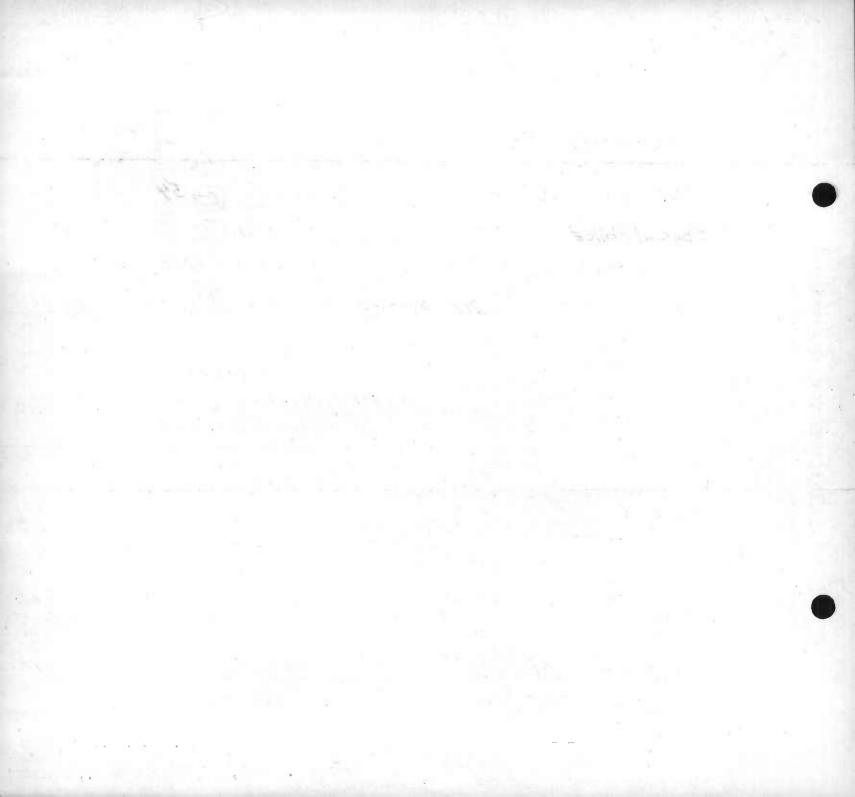
Burial

25A. DATE RECID BY

24B.

HEALTH DEPT.

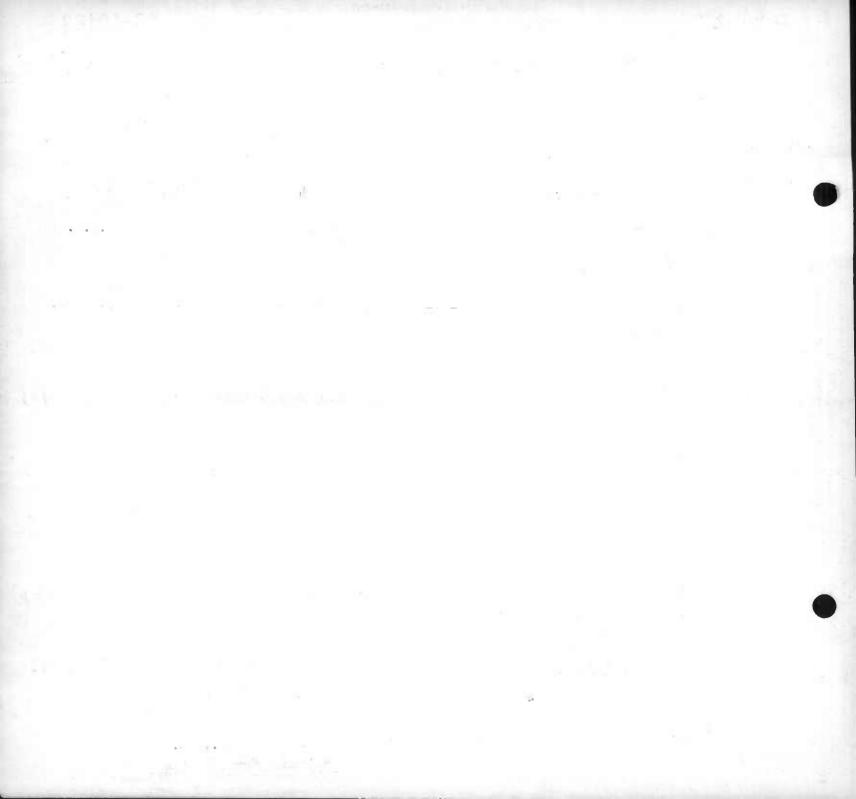
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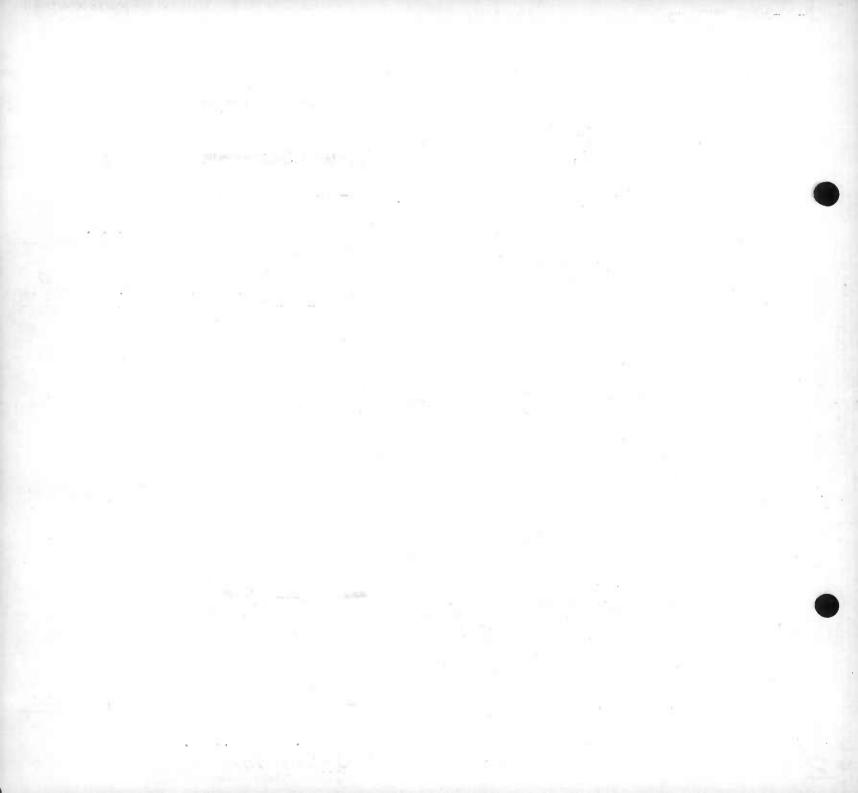


DIRECTOR:

FUNERAL

BALTIMORE CITY HEALTH DEPARTMENT





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· INFORMATION ·

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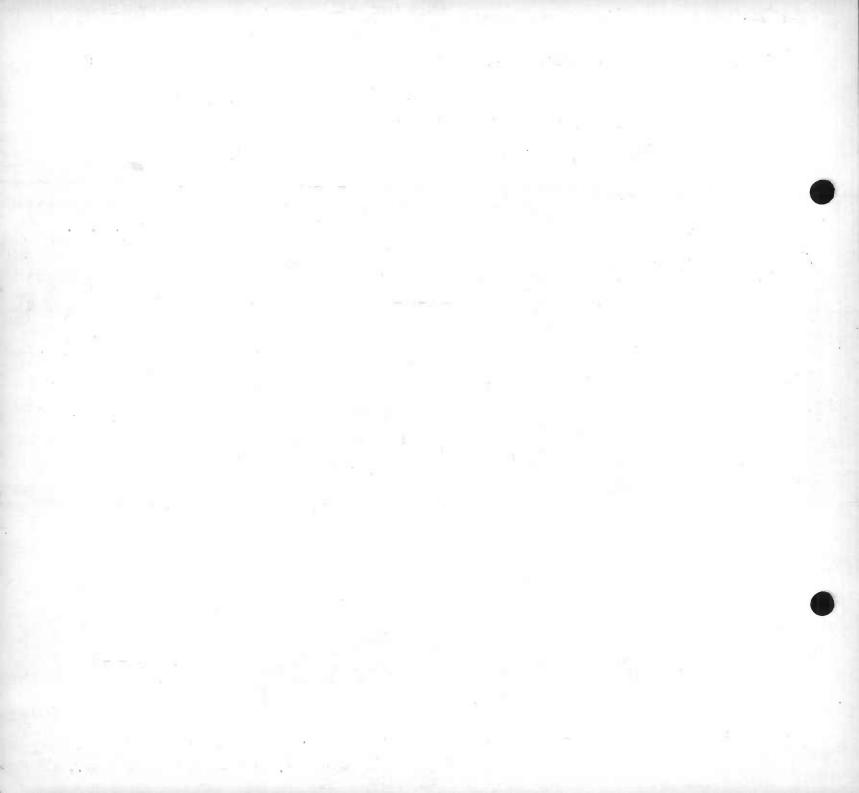
K-260

68-10168 BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S	CERTIFICATE OF DEATH REG. NO. 68-10168
BIRTH NO.	
1. NAME OF DECEASED (Type or Print)	2. DATE Known Month Doy Yeor Hour
JOSEPH VAMES KOSAR	OF DEATH Estimoted 10 4 68 8:42 p M.
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	3. DATE Month Doy Yeor Hour
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET	PRONOUNCED DEAD
HOSPITAL ADDRESS OR LOCATION) OR INSTITUTION	October 4 1968 8:42 p.m. 5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
	A. STATE B. COUNTY
Johns Hopkins Hospital D.O.A.	Maryland Baltimore
6. SEX 7. RACE B. MARRIED CONEVER MARRIED	C. CITY OR TOWN D. INSIDE CITY LIMITS?
Male White WIDOWED DIVORCED	Balto, Highlands YES NO NO
Male White WIDOWED DIVORCED 9. DATE OF BIRTH 10. AGE (In years If Under 1 Yr. If Under 24 Hrs.	E. STREET AND NUMBER
lost birthdoy) Months ; Doys ; Hours ; Min.	
Mar. 21, 1913 55	2814 Vermont Ave.
11. BIRTHPLACE(State or foreign country) 12. CITIZEN OF WHAT COUNTRY?	13. FATHER'S NAME
Baltimore, Maryland U.S.	Frank Kosar
14A.USUAL OCCUPATION (Give kind of work 14B. KIND OF BUSINESS OR INDUSTRY	15. MOTHER'S MAIDEN NAME
done during most of working life, even if retired)	m;
Ship Fitter U.S. C. G.	IB. INFORMANT ADDRESS
(Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO.	INFORMATIVI ADDRESS
No	Mrs. J. J. Kosar (same)
19. / / CAUSE OF DEA	
Antonio	
LEADING TO DEATH	sclerotic cardiovascular disease
(A)IMMEDIATE (This does not mean the mode of dying, e.g.,	CAUSE AS A CONSEQUENCE OF:
I neori foliure, osinenio, etc. if meons the diseose,	AS A CONSEQUENCE OF:
injury or complication which coused death.)	
ANTECEDENT CAUSES (B)	
DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO, OR RISE TO THE ABOVE CAUSE (A) STATING THE	AS A CONSEQUENCE OF:
UNDERLYING CONDITION LAST.	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W.	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
TO THE DEATH BUT NOT RELATED TO THE TERMINAL	
DISEASE OR CONDITION GIVEN IN PART 1 (A).	
20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W.	AS PERFORMED 21. AUTOPSY? (Yes or No)
	yes
Z22A. EXTERNAL CAUSE WAS 22B. PLACE OF INJURY (e.g.,	in or obout 22C. WHERE DID (If in Boltimore City, give exoct location)
UNDERLYING OR CONTRIB-	e bldg., etc.) INJURY OCCUR?
UTING CAUSE OF DEATH. 22D. TIME (Month) (Doy) (Yeor) (Hour) 22E.INJURY OCCURRED	22F. HOW DID INJURY OCCUR?
OF INITIRY	
	WHILE O
23.	
I certify that I held an Inquiry Inspection Au	tapsy XX and that an this basis, death in my apinian
resulted from Natural causes XX Accident Suicide	de Hamicide Undetermined manner
	The metric of the state of the
ACTUAL & COLOR	CHIEF MEDICAL EVANINED
	CHIEF MEDICAL EXAMINER DATE SIGNED
SIGNATURE	ASSISTANT MEDICAL EXAMINED TXX
	ASSISTANT MEDICAL EXAMINED TXX
SIGNATURE M.D	DATE SIGNED
SIGNATURE M.D. EXAMINER'S NAME (Type) Edward F. Wilson, M.D. 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY	ASSISTANT MEDICAL EXAMINER ASSOCIATE MEDICAL EXAMINER October 5, 1968
SIGNATURE EXAMINER'S NAME (Type) ZAA. BURIAL CREMATION, 24B. DATE REMOVAL (Specify) SIGNATURE M.D. 24C. NAME of CEMETERY	ASSISTANT MEDICAL EXAMINER ASSOCIATE MEDICAL EXAMINER October 5, 1968 or CREMATORY 24D. LOCATION (City, town, or county) (Stote)
SIGNATURE EXAMINER'S NAME (Type) Edward F. Wilson, M.D. 24A. BURIAL CREMATION, Page 124C. NAME of CEMETERY REMOVAL (Specify) Burial 10-8-1968 Cedar Hill Company Comp	ASSISTANT MEDICAL EXAMINER ASSOCIATE MEDICAL EXAMINER October 5, 1968 or CREMATORY 24D. LOCATION (City, town, or county) (Stote)
SIGNATURE EXAMINER'S NAME (Type) Edward F. Wilson, M.D. 24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify) Burial 10-8-1968 Cedar Hill Column Colum	ASSISTANT MEDICAL EXAMINER ASSOCIATE MEDICAL EXAMINER October 5, 1968 or CREMATORY 24D. LOCATION (City, town, or county) (Stote) emetery Ritchie Hewy, A.A.Co., Md. 25C. FUNERAL DIRECTOR ADDRESS
SIGNATURE EXAMINER'S NAME (Type) Edward F. Wilson, M.D. 24A. BURIAL CREMATION, Page 124C. NAME of CEMETERY REMOVAL (Specify) Burial 10-8-1968 Cedar Hill Company Comp	ASSISTANT MEDICAL EXAMINER ASSOCIATE MEDICAL EXAMINER October 5, 1968 or CREMATORY 24D. LOCATION (City, town, or county) (Stote)

68-10100

BIRTH NO. 1. NAME OF DE (Type or Print)				5 001	REG. NO D HOUR OF DEATH FOBER 1968	3:50PM N
FULL NAME OF HOSPITAL OR INSTITUTION V	ILTIMORE MARYLAND, W If MOT IN HOSPIT ADDRESS OF LOCA IETERANS ADMINI 900 LOCH RAVIE ALTIMORE, MARY	AL OR INSTIT ATION ISTRATION N BOULE	UTION, GIVE STREET	A. STATE B. COUN	TIMORE CITY D. IN	nstitution: residence before odmission SIDE CITY LIMITS?
5. SEX MALE	6. RACE CAUCASION	WIDOWED		5-25-17	9. AGE (In years last birthdoy) 51	If Under 1 Yr. If Under 24 Hr Manths Days Haurs Min.
done during most o	f working life, even if retired) PER		F BUSINESS OR INDUSTRY ULTURE	BALTIMORE, MAI	RYLAND	U. S. A.
FRANK				MARY DUDEK		
	d Ever in U. S. Armed Form (If yes, give war or date WORLD WAR I	s of service)	16. SOCIAL SECURITY NO. 213-01-12-48	BALTIMORE, MAI		
DISEASES rise to t UNDERLYIN OTHER SIGN TO THE DE	LEADING TO DEATH not meen the mode of , osthenia, etc. II meens implication which coused ANTECEDENT CAUSES OR CONDITIONS, if he obove couse (A) IG CONDITION lost. LOST II IFICANT CONDITIONS CO TO CONDITION GIVEN IN PAR	the disease, death.) ony, giving stoling the NTRIBUTING HE TERMINAL	(B) NUTRI	A CONSEQUENCE OF: PIONAL CIRRHOSI A CONSEQUENCE OF:	S	2 WEIKS
	OF OPERATION 198. CON WAS PER	DITION FOR	WHICH OPERATION	20A. AUTOPSY? (Yes or No	20B. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED AUSES OF DEATH?
OF INJURY (APPROX.) 21. I certify that (IX (week))	e) lost saw the decease	(Haur) 21E Who was a second of the dolive an	ine, form, factory, street, and in the latest an	5 SEPTEMBER 1	URY OCCUR?	OCTOBER 19 68
23A. SIGNAT	onale CE	Down	M DEGREE Phy		Staff Phys.	23B. DATE SIGNED 10-6-68
23C. PHYSICI NAME		ELKINS	, MD OEGREE	23D. ADDRESS 3900 LOC BALTIMON		
Buria	0	968 Ba	AME of CEMETERY or CR	onal Cem. Bal	timore, Ma	ryland ADDRESS tchie HgwyBaltim



FUNERAL DIRECTOR:

shaws: (1) 817 Scarlett Dr. 21204 Mas GURRAN VS 150-REV. 1/1/68

BALTIMORE CITY HEALTH DEPARTMENT REG NO CERTIFICATE OF DEATH

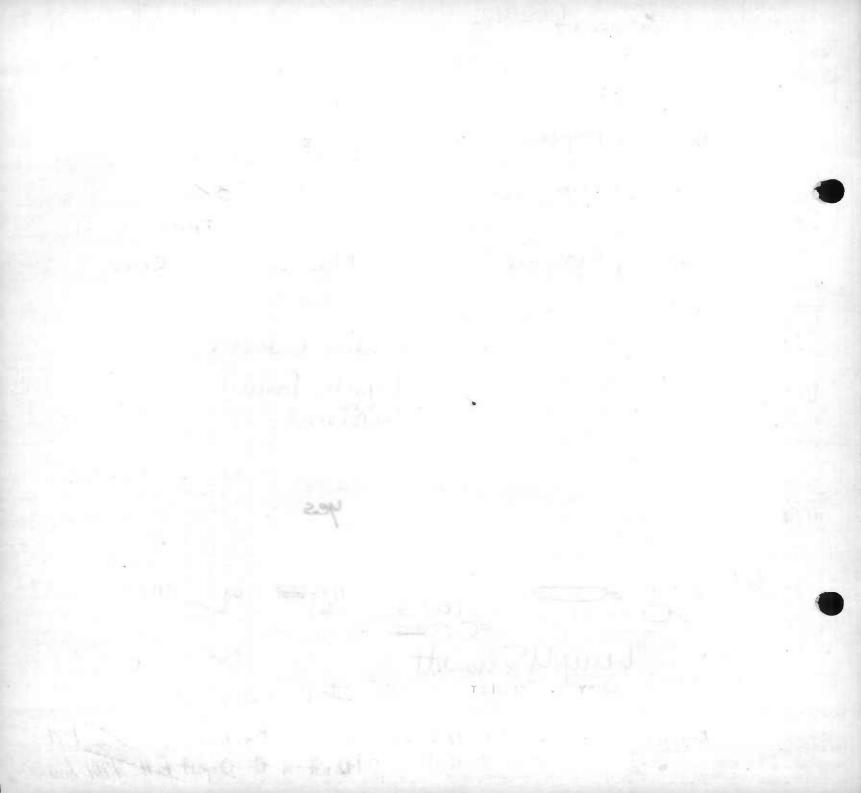
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4.5.4

NO

If Under 24 Hrs.

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH



7-5/20

68-10172 BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S	CERTIFICA	VIL OI		REG. NO	7.	-10172
NAME OF DECEASED	2. DATE K	(nown 12)	Month	Doy	Year	Hour
Type or Print)	OF	Estimated 🗌	10	5	68	2:33 a M.
HUBERT JACKSON 1. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	3. DATE	Estimoted Es	Month	Dov	Yeor	Hour
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET	PRONOUNC	ED DEAD				
HOSPITAL ADDRESS OR LOCATION)				er 5,	1968	2:33 a M.
DR INSTITUTION	5. USUAL RESIDI	ENCE (Where		ed. If instituti 3. COUNTY		before odmissian)
Sinai Hospital D.O.A.		rth Caro		S. COUNTI	V- 3	0
SEX 7. RACE B. MARRIED NEVER MARRIED		479.1	nford	D. INSIDE	CITY LIMITS?	
	¬				V	
Male Colored WIDOWED DIVORCED P. DATE OF BIRTH 10.AGE (In years If Under 1 Yr. If Under 24 Hrs		oro Hei	Lgnts	_	YES 🔀	NO L
10-7-1939 Last birthday) Months Days Hours Min	1.		St.	onesho	oro Hei	ghts Sanfo
1. BIRTHPLACE (State or foreign country) 12. CITIZEN OF	13. FATHER'S N		DC.	OILCOD	720 1102	North Care
Harnett Co., N.C. WHAI COUNTRY?	John J	acksor	1			North Care
4A. USUAL OCCUPATION (Give kind of work) 14B. KIND OF BUSINESS OR INDUSTI	RY 15. MOTHER'S A	MAIDEN NAM	1E		HH	
aneduring most of warking life, even if retired) Unemployed	Fannie	Jacks	on			
6. WAS DECEASED EVER IN U.S. ARMED FORCES? 117. SOCIAL	IB. INFORMAN				ADDRESS	Ave
Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO.			Tool		-0-1	
241-56-905		Fannie	Jack	SOII		Eco mount
19. CAUSE OF DE	ATH					PPROXIMATE INTERVAL
DISEASE OR COMPITION DIRECTLY						
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	0. 1			1		
(A)IMMEDIATE	CAUSE Staby	wound of	t the c	nest		
heart failure, osthenio, etc. It means the disease,	R AS A CONSEQUENT	CE OF;				
injury or complication which coused death.)						
ANTEGED FAIT CAUGE						
ANTEGED FAIT CAUGE	R AS A CONSEQUEN	NCE OF:				
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE	R AS A CONSEQUEN	NCE OF:				
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X State 6 Par Three Barrier Control of the San Harris M-935

68-10173 BALTIMORE CITY HEALTH DEPARTMENT

BIR	TH NO.		MED	ICAL	EXA	MINER'S	CERTIF	ICATE C	OF DEA	ATH R	EG NO	68-1	0173	3
1. 1	NAME OF DEC	EASED			-		2. DATE	Knawn 😾	Mantl	h	Doy	Year	Hour	
(Тур	e or Print)	DD	UE MART	זאדי			OF DEATH	Estimoted	_	0 (4	68	2:12	D M
4. F	LACE IN BALT				ONOUN	ICED DEAD	3. DATE		Montl		Day	Year	Hour	
FUL	L NAME OF		OT IN HOSPITA		ITUTION,	GIVE STREET	PRONC	DUNCED DEAD		1	, 1	000	0 10	
HO:	SPITAL	ADDR	RESS OR LOCA	TION)			5 HICHAI	RESIDENCE (W		ober		968	2:12	
	40						A. STATE	KESIDEINGE (III	nere deceds		YTAUC	i. residence	Delate dolli	01
	1	St.	Agnes I	ospit	al			Marylar	nd			140	11-841	440
6. 5	EX	7. RACE		8. MARR	IED 🔼 N	IEVER MARRIED	C. CITY O	RTOWN		D. II	NSIDE CI	TY LIMITS?	63-	00
	Male	Co	lored	WIDOW	/ED 🗌	DIVORCED	Filic	ott City	7		YI	es 🗶	No 🗌	
9. E	ATE OF BIRTH		10. AGE (I			1 Yr. If Under 24 Hrs.	E. STREET	AND NUMBER	1					
7	-5-1901	1	last birthdo	y)	Manths	Days Hours Min.								
	BIRTHPLACE (S		ion country)		12. CITIZ	I I		73 Maine	St.	-	-	-		
						T COUNTRY?			* 10					. ~
	nderson				0	• N • 11 •		ck Mart						
14A	USUAL OCCUI	PATION (G	ive kind af work			INESS OR INDUSTR								
June	Retire	.7		longs	shor	eman	Ad	a Marti	n					
16.	WAS DECEASE	D EVER IN	U.S. ARMEI	FORCES	? 17.	SOCIAL	18. INFO	RMANT			Al	DDRESS		
(Yes	, na ar unknawn)	(If yes, give	wor or dates	of service)	SECURITY NO.	Mrs.	77 7.	7.47	4 2	272	Mair	1 Str	eat
	10							Birdi	e Mar.	uln	212		PPROXIMATE I	
	19.	2,21				CAUSE OF DEA	ATH						WEEN ONSET	
CERTIFICATION	(This does not heart failure, Injury or com AN DISEASES CRISE TO THE UNDERLYIN	osthenia, en plicotion who who was the condition of the c	e made of dy tc. it means the nich caused de T CAUSES TIONS, IF AN AUSE (A) STA TION LAST. II DNDITIONS C	disease, ath.) (, GIVING THE	TING	(B)	CAUSE AS A CONSE	QUENCE OF:						
띮			N GIVEN IN P			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,								
E	20A. DATE OF	OPERATIO	ON 208. CO	NDITION	FOR WH	ICH OPERATION V	AS PERFOR	MED				21. AUT	OPSY? (Yes	ar Na)
	2)												MEC	
EDICAL	22A. EXTERI UNDERLYING UTING CA		NTRIB-		22B. PLAG home, for	CE OF INJURY(e.g. rm, factary, street, off	, in or obout ce bldg., etc.)	22C. WHERE D	OID (If in Bal	timore Cit	y, give exc	act location)	YES	
Σ	22D. TIME (OF INJURY (APPROX.)	Month)	(Day) (Yea	r) (Havi	m. WHILL		T WHILE	22F. HOW DID	INJURY C	OCCUR?				
		ify that I		nquiry [1		utopsy 🔯		on this ba					
	ACTUAL SIGNATI	50	Natural Eau	+V), d	Suici	AS	CHIEF MEDIC	AL EXAMIN			_	DATE SIC	SNED
	EXAMINI						ASS	OCIATE MEDIC	AL EXAMIN	IER				
	NAME (T			cd F.		on, M.D.							4, 190	
	A. BURIAL CREA		24B. DATE		24C. N	AME of CEMETER	or CREMA	TORY	24D. LOCAT	ION	(City, tow	n, ar county	(SI	tate)
	MOVAL (Specif Burial	7.7	10-8-	68	Mo	unt Aubu	rn Cen	1.	Balt	imor	e,	Mar	rylan	d
	DATE REC'D	RY HEALTL				REGISTRAR		. FUNERAL DIR		-		DDRESS		
23/	. DAIL REC D	CT 8	1968	1 2	162	E Coura		RTON &	DYFTT	F.H			irens	St.

VS 151-REV. 1/1/68

		BALTIMORE C			00 4040
DIRTH NO	68-11	J1/4 CERTIFIC	CATE OF DEATH	REG. NO	68-1017
BIRTH NO. 1. NAME OF DECEASED			2. DATE AN	D HOUR OF DEATH	
		EDWARD	C. 10	-3-68	1.50
3. PLACE IN BALTIMORE, M	ARYLAND, WHERE	PRONOUNCED DEAD	4. USUAL RESIDENCE (When		stitution; residence before or
FULL NAME OF (IF NO	T IN HOSPITAL OR	INSTITUTION, GIVE STREET	MARYLAND		
HOSPITAL OR ADDR	ESS OR LOCATION	INSTITUTION, GIVE STREET	C. CITY OR TOWN	D. INSII	DE CITY LIMITS?
4.0		2 44 (0.41)	BALTIMO	RE	TES NO
LAUTHERAN H	DSPITAL	OF MARYLAND	E. STREET AND NUMBER		
14			1619 DR	VIO HILL	AVENUE
5. SEX 6. RACE		RRIED NEVER MARRIED		9, AGE (In years lost birthdov)	If Under 1 Yr. If Under Months Days Hours
MAR N	egro WID	OWED DIVORCED	6-3-1897	71	
		IND OF BUSINESS OR INDUS	TRY 11. BLATHPLACE (State or fore	gn country)	12. CITIZEN OF WHAT C
done during most of working life,	even if relired)	ReTired.	BAHIMORE, ME	and land	U.S.A
13. FATHER'S NAME		Jeiliea	14. MOTHER'S MAIBEN NA	AR JAINCE	0:0.7
,	1. 1-		1 1		
U	MC.		UNL.		
15. Was Deceased Ever in U. (Yes, no or unknown) (If yes, giv	> Armed Forces? re wor or dotes of se		17. INFORMANT		ADDRESS
		212-14-987	1) Chart		
18.		CAUSE OF DE			APPROXIMATE IN
	NDITION DIRECTLY	ſ			
	TO DEATH	(A) IMMEDIATE	CAUSE CEREBRO V. AS A CONSEQUENCE OF:	ASCULAR ACE	IDENT
(This does not mean the heart failure, asthenia, e		, e.g., DUE TO, OR isease,	AS A CONSEQUENCE OF:		
injury or complication w)			
ANTECEDE	NIT CALLERS				4 .
Airicococ	INT CAUSES	(B) TH.	ROMBOSIS CER	EBRAL.	11 31
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	ITIONS, if any, couse (A) slatin	3 3	ROMBOSIS CER AS A CONSEQUENCE OF:	EBRAL.	11 3/
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DISEASES OR CONDITION TO THE PROPERTY OF THE P	ITIONS, if any, couse (A) statin ION last.	g lhe (C)	ROMBOSIS CER AS A CONSEQUENCE OF:	EBRAL.	11 34
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FUNERAL DIRECTOR:

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5. SEX		6. RACE	7. MARRI	ED 👗	NEVER MARRIED	B. DATE		9	AGE (In years	If Und	er 1 Yr. , If Under	
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	HER'S NA						HER'S MAID					
Va.	lter	Hawkins				Ma	iggie	Samp	ole			
5. Wos Yes, no	or unknown	Ever in U. S. Armed F (If yes, give wor or do	forces? otes of servic	e) 16.	SOCIAL SECURITY NO.	17. INFOR		S: 4	4940 EASTE	RN AVE	ADDRESS	
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		BALTIMORE CITY	HEALTH DEPARTMENT		00 10150
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3. P	LACE IN BALTIMORE, MARYLAND, WHERE PRO		4. USUAL RESIDENCE (Where	deceased liged. If insti	tution: residence before admission
			A. STATE 8. COUNT	1	
UL	L NAME OF (IF NOT IN HOSPITAL OR IN	STITUTION, GIVE STREET	MARYLAN	JU D	116
NSI	PITAL OR ADDRESS OR LOCATION)		C. CITY OR TOWN	D. INSIO	-CITY MMITS?
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•			E. STREET AND NUMBER		
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SI	EX 6. RACE 7. ALADE	311770	8. DATE OF BIRTH 9	. AGE (In years	If Under 1 Yr. , If Under 24 Hrs
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	USUAL OCCUPATION (Give kind of work 10 B. KINE	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreig	n country)	12. CITIZEN OF WHAT COUNTR
опе	during most of working life, even if retired)	C A	1301 Tim	o o	11 < 0
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3. F	ATHER'S NAME	. 1	14. MOTHER'S MAIDEN NAM	IE A	
	lakini / Winnas	NEWLALAMI	FILENI	HVERY)
5 14	Vas Deceased Ever in U. S. Armed Forces?	16. SOCIAL	17. INFORMANT	2 1 A 1/	ADDRESS
les,	ng or unknown) (If yes, give wor or dotes of servi	ce) SECURITY NO.	11 D	. 1	305 FERRYS, d
1	VFS 1924 - 1953	3 220448R74	HERMAN IN	NEWALAN	FALSTON Md.
	18. //	CAUSE OF DEAT	H	10 Foo lolling	APPROXIMATE INTERVAL
- [7-1-1-1				BETWEEN ONSET AND DEAT
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH		11 m	: \ /	
		(A) IMMEDIATE CAL		by offerding	
	(This does not mean the mode of dying, heart failure, asthenia, etc. It means the dise		A CONSEQUENCE OF:	,	
	injury or complication which coused death.)		1 1/ 1		
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	OTHER SIGNIFICANT CONDITIONS CONTRIBUTION THE DEATH BUT NOT RELATED TO THE TERMIN		in Briefer		
4	DISEASE OR CONDITION GIVEN IN PART I (A).	.00000.00000000000000000000000000000000			***************************************
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ERTIFIC			IVO		
U	21 A. ACCIDENT WAS UNDERLYING	218. PLACE OF INJURY (e.g., i	n or obout 21 C. WHERE DID	(If In Baltimore (City, give exact location)
	OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	home, form, foctory, street, o	mce orag., INJURT OCCUR?		
2					
ш.	21 D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED	21F. HOW DID INJU	IRY OCCUR?	
	(APPROX.)	White At Not While Work At Work			
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	22, I certify that (I) (this begin of the of	ed the deceased from	1-1/26/11	9 CF to	10/6/196
	that (I) (wee) lost saw the deceased alive	an /0/	1 1968 and tha	tin(my) (aur) opini	an death occurred on the do
	ond hour ond from the causes stoted obov	a. (1) (Wa) (did (did (a.a.)).			
- 1		c. (1) (110) (ala) (ala not) (iew the body offer deoth.		20 DATE SIGNED
1	23A. SIGNATURE h	1	adia of the second		38, DATE SIGNED
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	NAME (Type)	21-1	LIBAA D	- P	M
	HLBERT D. BRA	POLEY DEGREE	1100 13	ELAIR 1	DAG IIId.
4A.		C. NAME of CEMETERY of CR	EMATORY 24D. LO	CATION (City,	town, or county) (State)
P	REMOVAL (Specify)	301TO 11-	Coursell Fa	MADICE	Marilenas
1	JURIAL 10-1-1681	JAKIO. IVAT.	CEMPINATION IN	な音でにい	O. MAKYKAN
25A.	DATE REC'D BY HEALTH DEPT. 258. NA	ME- OF REGISTRAR	25C FUNERAL DIRECTOR	1 -	ADDRESS
		and marketing in	4 PPEL BY	COTHERSIA	JC. 7110 BELAIR!



VS 150-REV, 1/1/6B

BALTIMORE CITY HEALTH DEPARTMENT

REG. NO.

NO

ADDRESS

BETWEEN ONSET AND DEATH

ADDRESS

If Under 24 Hrs.

STEALING SOLE

DIRECTOR:

FUNERAL



DIRECTOR:

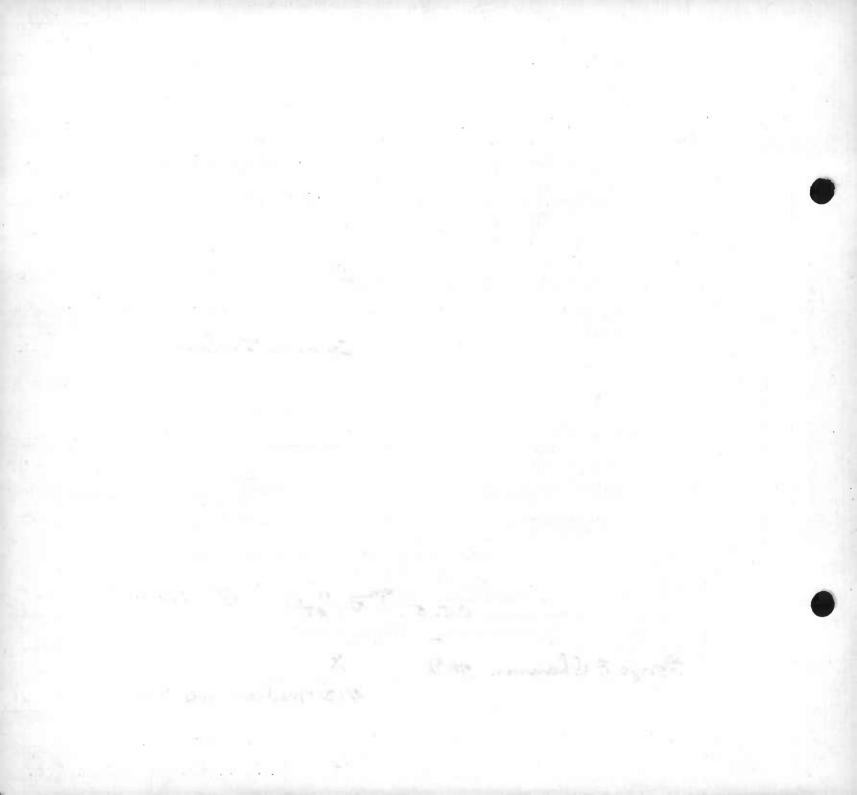
FUNERAL

68-10179 CERTIFICATE OF DEATH Registered No. BIRTH NO. M.E. CASE NO. 4. USUAL RESIDENCE (Where deceosed lived, If institution: residence before admission)
A, STATE
B. COUNTY (If outside city limits, write RURAL and give township If Under 1 Yr. If Un Months Doys Hours If Under 24 Hrs. 12. CITIZEN OF WHAT COUNTRY? U.S.A. ADDRESS Joseph Galkas, 625 Meyers Drive, 21228 ONSET AND DEATH Cerebral atenvaleur 20 B. IF YES. WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (II in Boltimore City, give exact location) and that in (my) (aur) apinian death accurred on the date (City, town, or county) Utzke, 4100 Edmondson Ave., 21229 VS 150-REV. 1/1/65

BALTIMORE CITY HEALTH DEPARTMENT

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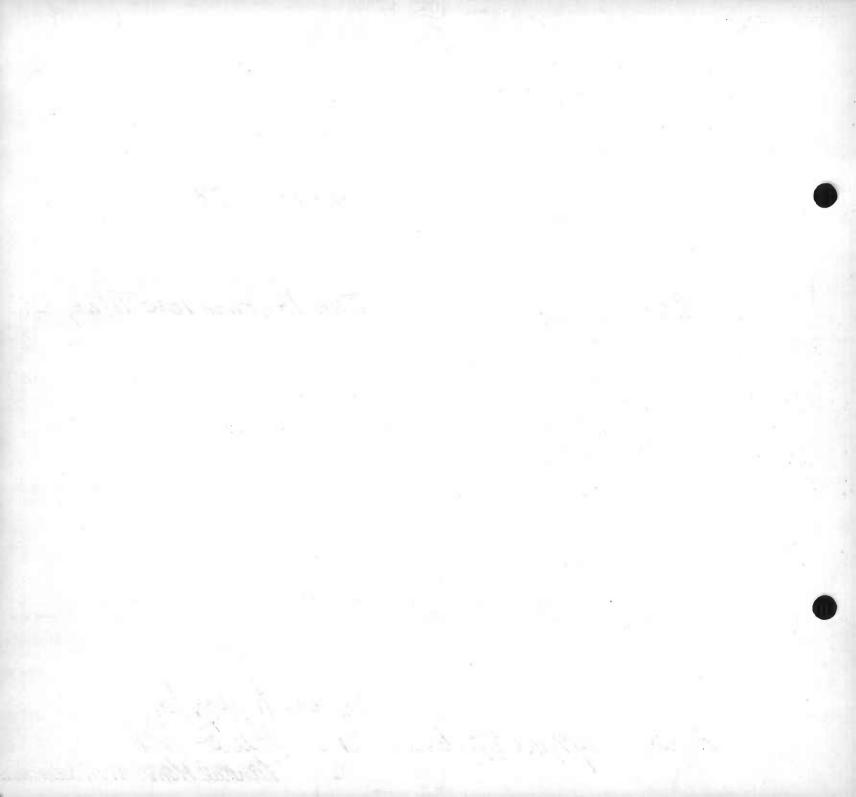
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ACE 7. White	MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify) WIDOW B. KIND OF BUSINESS OR INDUSTR 16. SOCIAL SECURITY NO.	4. USUAL RESIDENCE (Where deceased line) A. STATE B. COUNTY Maryland C. CITY OR TOWN (If outside city limit Baltimore D. STREET ADDRESS (If rurol, give loci 130 W. Lee Street B. DATE OF BIRTH 9. AGE (In ye lost birthdoy) Aug. 17, 1883 Y 11. BIRTHPLACE (Stole or foreign country) Dunbar, Pennsylvania 14. MOTHER'S MAIDEN NAME Mary Martin 17. INFORMANT Miss Letty M. Baker OF DEATH When Aug addended the street of the stree	ADDRESS 130 W. Lee Street If Under 1 Yr. II Under 24 Hrs. Min. ADDRESS INTERVAL BETWEEN ONSET AND DEATH
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	While At Not Wh		,
it saw the deceased o	alive an Sept. above. (1) (We) (did not) M.D. A.	30, 19 6 5 and that in (my) (a view the bady after death. Ittending Med. Stoff Phys. 22D. ADDRESS 272 4 SMITH P	23B. DATE SIGNED 10/7/68 AUE BACTIMORE MD (City, town, or county) (Stote)
TY I A Cod IC	NT CONDITIONS COP BUT NOT RELATE RATION 198. CONDITIONS (IT. RATION (IT. RATION 198. CONDITIONS (IT	NT CONDITIONS CONTRIBUTING H BUT NOT RELATED TO THE DIDTON CAUSING IT. RATION 198. CONDITION FOR WHICH OPERATION WAS PERFORMED (AS UNDERLYING 218. PLACE OF INJURY (e.g., home, form, factory, street, etc.) with (Doy) (Year) (Hour) 218. INJURY OCCURRED While At Not Will Work	NT CONDITIONS CONTRIBUTING BUT NOT RELATED TO THE BUT NOT RELATED TO THE BUT NOT RELATED TO THE CAUSING IT. RATION 198. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No.) 208. IF YES IN CERTIFY CAS UNDERLYING 218. PLACE OF INJURY (e.g., in or about 21C. WHERE DID (II in home, form, factory, street, office bldg., INJURY OCCUR? etc.) Onthit (Doy) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? While At Not While At Work 1960 to It saw the deceased alive an 30, 1960 and that in (my) (must be caused stated above. (I) (We) (did) (did nat) view the bady after death. Control Altending Med. Stoff Phys. Control 272 4

BALTIMORE CITY HEALTH DEPARTMENT

Chief and the Carlo same getting to the con-



23 C. PHYSICIAN'S NAME (Type)

Burial

VS 150-REV. 1/1/68

24A. BURIAL CREMATION, 24B.
REMOVAL (Specify)

25A. DATE REC'D BY HEALTH DEPT.

10

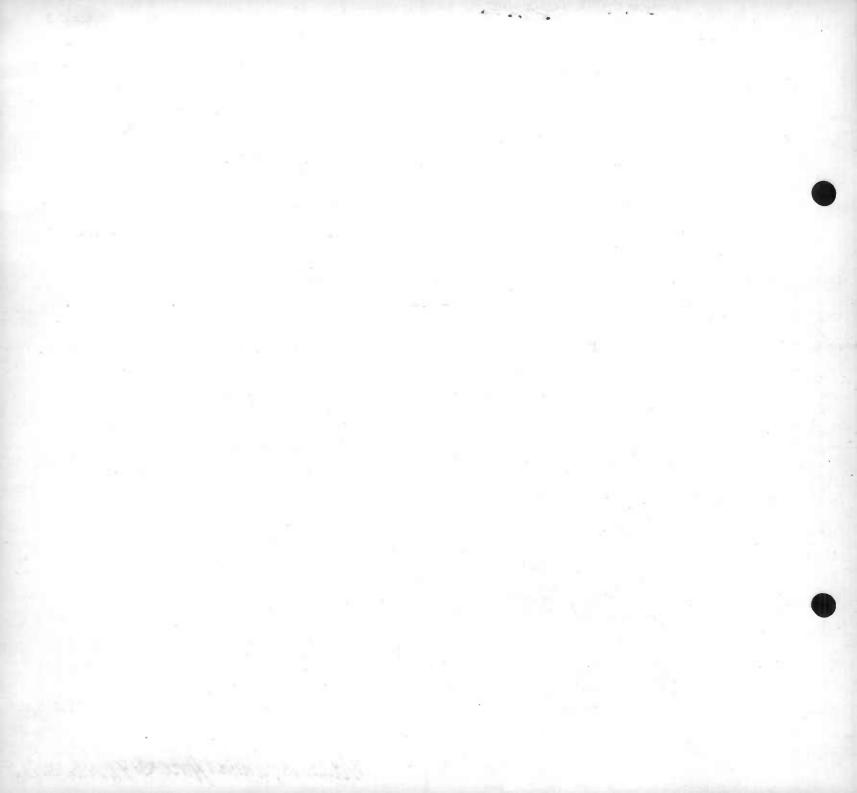
1968

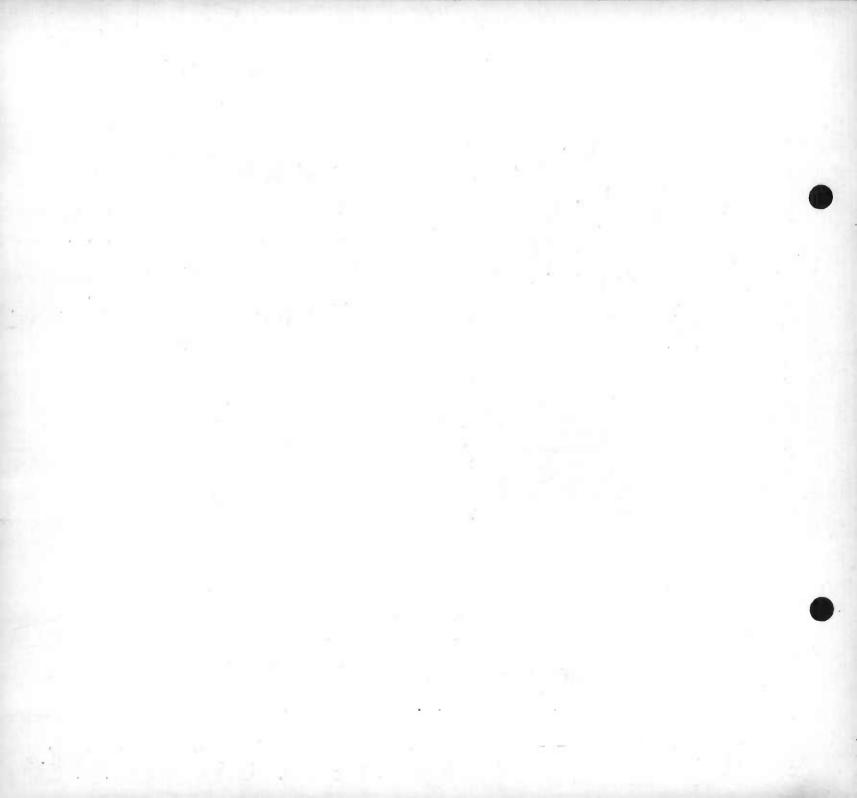
Arbutus

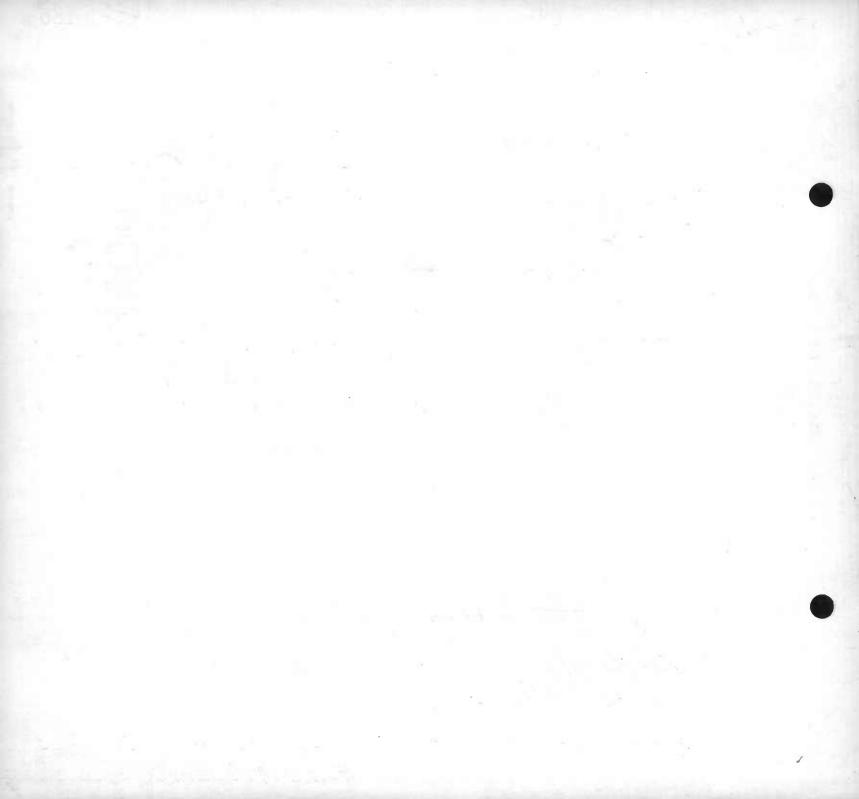
and

ype or Print)	CEASED			2. DATE	AND HOUR OF DEAT	Н
	Freddie	Perry		4	October 1968	2:45 P
			STITUTION, GIVE STREET	A. STATE B. CO	/here deceased lived. If UNTY	institution: residence before admission
ULL NAME O IOSPITAL OR ISTITUTION	ADDRESS	OR LOCATION)	SHITCHON, GIVE STREET	C. CITY OR TOWN	D. W	SIDE CITY DMITS?
Univer	sity of M	aryland H	ospital	E. STREET AND NOMBER		123
0		1_]09 S.Morle	*	
SEX	6. RACE	7. MARR	NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years tost birthdoy)	If Under 1 Yr. If Under 24 Hr Months Doys Hours Min.
M	N	WIDOV]0-5-45	22	
	CUPATION (Give kir of working life, even it		O OF BUSINESS OR INDUSTR	11. BIRTHPLACE (State or	oreign country)	12. CITIZEN OF WHAT COUNTE
Dry cl				Md.		U.S.A.
FATHER'S N				14. MOTHER'S MAIDEN	NAME	
Woodrov	Perry			Dorothy McH	Cenney	
. Wos Deceas	d Ever in U. S. A	med Forces?	ce) 16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
<i>₩</i>	in yes, give we	01 00103 01 30111	214-44-385	Woodrow Pe	rry 109 S.	Morley St.
	4 9		AUSE OF DEA	IR		
(This does heart foilur injury or conjury or	ASE OR CONDIT LEADING TO not meon the n e, osthenio, etc. I implication which ANTECEDENT (OR CONDITION the above cous NG CONDITION	DEATH mode of dying, t meons the dise coused death,) CAUSES NS, if any, gi se (A) stoling	OS DUE TO, OR AS	USE Cerebral Ar A CONSEQUENCE OF: Narcotics (S A CONSEQUENCE OF:		
(This does heart foilur injury or compared to UNDERLY!)	ASE OR CONDIT LEADING TO not meon lhe n e, osthenio, etc. l' implication which ANTECEDENT (OR CONDITION the above cous NG CONDITION IFICANT CONDITION CONDITION GIVE CONDITION GIVE	DEATH mode of dying, t meons the dise coused death.) CAUSES NS, if any, gi se (A) stoling last. DNS CONTRIBUTI TED TO THE TERMIT N IN PART 1 (A).	OS DUE TO, OR AS	USE Cerebral Ar A CONSEQUENCE OF:	Overdose No) 208, IF YES, WER	E FINDINGS CONSIDERED
(This does heart foilur injury or compared to UNDERLY!)	ASE OR CONDIT LEADING TO not meen lhe n e, osthenio, etc. l' complication which ANTECEDENT (OR CONDITION The obove cous NG CONDITION IFICANT CONDITION ATH BUT NOT RELA CONDITION GIVE DE OPERATION 1/2 POPERATION 1/2	DEATH mode of dying, t meons the dise coused death.) CAUSES NS, if any, gi se (A) stoling last. DNS CONTRIBUTI TED TO THE TERMIT	OS DUE TO, OR AS	Narcotics (S A CONSEQUENCE OF:	Overdose No) 208, IF YES, WER	36hrs.
CThis does heart following the control of the contr	ASE OR CONDIT LEADING TO not meen lhe n e, osthenio, etc. l' complication which ANTECEDENT (OR CONDITION The obove cous NG CONDITION IFICANT CONDITION ATH BUT NOT RELA CONDITION GIVE DE OPERATION 1/2 POPERATION 1/2	DEATH mode of dying, t meons the dise coused death.) CAUSES NS, if any, gi se (A) stoling last. DNS CONTRIBUTI TED TO THE TERMIT NIN PART 1 (A). TYPE CONDITION F VAS PERFORMED LYING OF	OS DUE TO, OR AS	Narcotics (S A CONSEQUENCE OF: Narcotics (S A CONSEQUENCE OF: 20A, AUTOPSY? (Yes or	No) 20B. IF YES, WER IN CERTIFYING C	BETWEEN ONSET AND DEA 36hrs.
OTHER SIGN TO THE DISEASE OR DISEASE OR UNDERLY!	ASE OR CONDIT LEADING TO not meen lhe n e, osthenio, etc. l' complication which ANTECEDENT (OR CONDITION The obove cous NG CONDITION IFICANT CONDITION ATH BUT NOT RELA CONDITION GIVE OF OPERATION 1 ENT WAS UNDER BUTING CAUSE	DEATH mode of dying, t meons the dise coused death.) CAUSES NS, if any, gi se (A) stoling last. DNS CONTRIBUTI TED TO THE TERMIT N IN PART 1 (A). 98. CONDITION F VAS PERFORMED OF en)	DUE TO, OR AS DUE TO	Narcotics (S A CONSEQUENCE OF: Narcotics (S A CONSEQUENCE OF: 20A. AUTOPSY? (Yes or office bldg., INJURY OCCUR	No) 20B. IF YES, WER IN CERTIFYING C	E FINDINGS CONSIDERED AUSES OF DEATH?

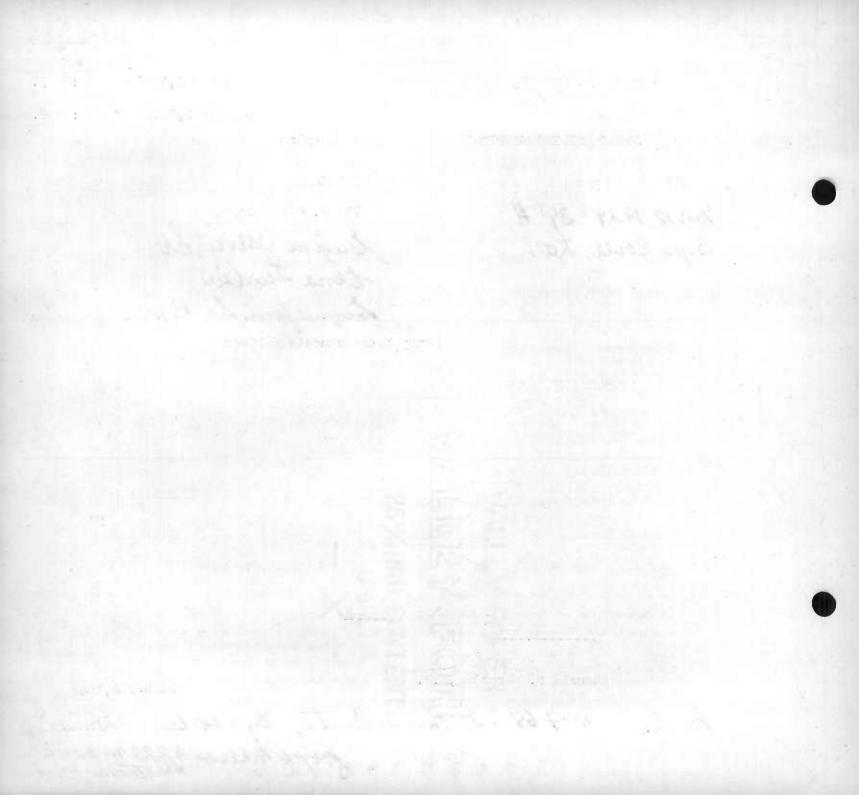
Attending Staff Phys. 40ctober]968 Directar 23D. ADDRESS 22 Greene St. Hospital 2]20] of Maryland Memorial Arbutus Md . FUNERAL DIRECTOR 25B. NAME OF REGISTRAR







68-10186 BALTIMORE CITY HE	ALTH DEPARTMENT	
MEDICAL EXAMINER'S	CERTIFICATE OF DEATH REG. NO.	68-10186
BIRTH NO.	REG. NO.	
1. NAME OF DECEASEDLIONE!	2. DATE Knawn Month Day	Year Haur
(Type or Print) EUGENE JARVIS JM	OF DEATH Estimated October 3,196	8 9:00 P. _{M.}
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	3. DATE Month Doy	Yeor Hour
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL ADDRESS OR LOCATION) OR INSTITUTION	PRONOUNCED DEAD October 3, 1968 5. USUAL RESIDENCE (Where deceased lived. If institution:	9:00 P.M.
33 JOHNS HOPKINS HOSPITAL	A. STATE Maryland B. COUNTY	7 Siderice Berore damission,
6. SEX 7. RACE B. MARRIED NEVER MARRIED	C. CITY OR TOWN D. NSID. CI.	Y LIMITS?
Male Negro WIDOWED DIVORCED	Baltimore YE	NO D
9. DATE OF BIRTH 10. AGE (In years If Under 1 Yr. If Under 24 Hrs.	E. STREET AND NUMBER	
mar 12, 1929 as birthday) for Manths, Days, Haurs, Min.	729 N. Eden Street	
11. BIRTHPLACE (State or foreign caunty) 12. CITIZEN OF WHAT COUNTRY?	13. FATHER'S NAME	
Sur Loula, La	Cugene Juis or	
14A. USUAL OCCUPATION (Give kind at work 14B. KIND OF BUSINESS OR INDUSTRI done during most of warking life, even if retired)	Y 15. MOTHER'S MAIDEN SIAME	
	Cond develour	
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, na or unknown) (If yes, give war or dotes af service) 17. SOCIAL SECURITY NO.	IB. INFORMANT	DRESS
(1 cs, no or other own) (1 yes, give war or doles at service)	done An Burn	horla La-
19. CAUSE OF DEA	TH 0	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
Fatty M	etamorphosis of Liver	BETWEEN ONSET AND DEATH
LEADING TO DEATH		
(This does not mean the mode of dying, e.g.,	AS A CONSEQUENCE OF:	
heart failure, osthenia, etc. It means the disease, Injury or camplication which coused deoth.)		
ANTECEDENT CAUSES (B)	AS A CONSTOURNESS OF	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE	AS A CONSEQUENCE OF:	
UNDERLYING CONDITION LAST.		
Q 581,0 II		
OF THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W		
DISEASE OR CONDITION GIVEN IN PART 1 (A).		
20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W	AS PERFORMED	21. AUTOPSY? (Yes ar Na)
02		yes
22A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIB. UTING ☐ CAUSE OF DEATH. 22B. PLACE OF INJURY (e.g., hame, farm, factory, street, office to the control of the control o	in ar about 22C. WHERE DID (If in Baltimare City, give exocee bldg., etc.) INJURY OCCUR?	t locotian)
	22F. HOW DID INJURY OCCUR?	
	WHILE	
23. m. WORK AT V	WORK []	
I certify that I held an Inquiry Inspection Au	and that an this bosis, death in my o	pinion
resulted from: Natural causes X Accident Suici		7
resurred from: Religion Recident 500cm	CHIEF MEDICAL EXAMINER	
ACTUAL / 1////		DATE SIGNED
SIGNATURE! MILES MEDICAL M.E.		
EXAMINER'S Ronald N. Kornblum, M.D.	ASSOCIATE MEDICAL EXAMINER Cotob	er 4,19 6 8
NAME (Type) 24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify) 24C. NAME of CEMETERY		
Durish 10-7-68 St. Paul Ch	1. Denile in Dear Treks	5 to
	restaury son sone,	(usiana)
25A. DATE REC'D BY HEALTH DEPT DO 25B. NAME OF REGISTRAR	25 FUNERAL DIRECTOR AS 222	DRESS Manthere
25A. DATE REC'D BY HEALTH DEPT DO 25B. NAME OF REGISTRAR VS 151-REV. 1/1/68	FUNERAL DIRECTOR AS 222	DRESS 2 W. Marchine



00 10	BALTIMORE CITY	HEALTH DEPARTMENT		CO 4040m
68-10	18/ CERTIFICA	TE OF DEATH	REG. NO	68-10187
BIRTH NO.	OERTH 107		ND HOUR OF DEATH	4100
Type or Print)	FRANK	2, DATE AI	2 + 196	8 9 90 4
B. PLACE IN BALTIMORE, MARYLAND, WHERE PRO	ONOUNCED DEAD			litution: residence before admission
		A. STATE B. COUR	of Ray	frant-
ILL NAME OF (IF NOT IN HOSPITAL OR IN ADDRESS OR LOCATION)		C. CITY OR JOWN	D. INSIE	DE CHY-UMITS?
Sinai- Hospital	81 Salt	Baltons	RE 1	YES NOT
signification of		E. STREET AND NUMBER		
12		5705 GRE	-ENSPRI	ng thenve
SEX 6. RACE 7. MARE	RIED NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years lost birthday)	Months Doys Hours Min,
MALE CAUC WIDON		6/7/1898	76	
A. USUAL OCCUPATION (Give kind of work 108, KIN	D OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fore	eign country)	12. CITIZEN OF WHAT COUNTR
one during most of working lite, even if retired)	5////	Ital	4	71.5A.
FATHER'S NAME	11 01011/14	14. MOTHER'S MAIDENNA	ME	U.SH.
DOMINCO GIOIOS		DOMINCO	DE GAR	PCO ADDITION
. Was Deceased Ever in U. S. Armed Forces? es, no or unknown) (If yes, give wor or dates of serv	ice) 1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
No	216-32-88	5 NICHOLA	5 610 10SF	(SAME)
18.2210.91	CAUSE OF DEAT	Н		APPROXIMATE INTERVAL
DISEASE OF CONDITION DIRECTLY	Cancor	tive heart	failun=	- DETWEEN ONSET AND DEAT
LEADING TO DEATH	(A) IMMEDIATE CA		1 41 10 12	2 15 6
(This does not meon the mode of dying,	e.g., DUE TO, OR AS	A CONSEQUENCE OF:		
heart lailure, asthenia, etc. It means the dise	eose,			
ANTECEDENT CAUSES	Muni	andial bo	Lospoton	
DISEASES OR CONDITIONS, if ony, gi	ving DUE TO OR AS	A CONSEQUENCE OF:	F1712-176	
rise to the obove cause (A) sloting	1 / 1	emsclepotor	bonet d	ienno-
UNDERLYING CONDITION last.	(c)/////	CIUSCIERUTIC	DOMEN C	189773 Q
420,/ 11				
OTHER SIGNIFICANT CONDITIONS CONTRIBUTIONS TO THE DEATH BUT NOT RELATED TO THE TERMI				
DISEASE OR CONDITION GIVEN IN PART 1 (A).		20 A. AUTOPSY? (Yes or N	all DAR IE VEC MERE E	THOMAS CONSIDERED
19A. DATE OF OPERATION 198. CONDITION I WAS PERFORMED	FOR WHICH OPERATION	20A. AUTOPST? Ties of N	IN CERTIFYING CAL	INDINGS CONSIDERED USES OF DEATH?
21A. ACCIDENT WAS UNDERLYING	218. PLACE OF INJURY (e.g.,	in at about 21C WHERE DID	(If in Rollimore	City, give exoct location)
OR CONTRIBUTING CAUSE OF	home, form, foctory, street, o	office bldg., INJURY OCCUR?	lit in politimore	City, give exect locotion)
DEATH (notify medical examiner)	etc.)			
21D.TIME (Month) (Doy) (Year) (Hour)	21E. INJURY OCCURRED	21F. HOW DID IN	JURY OCCUR?	1830
OF INJURY (APPROX.)	While At Work At Work			
00 1 16 1 16 11 1 1 1 1 1 1 1		3 October	1968 to 7	October 1968
22. I certify that (this haspital) attend				
that (we) last saw the deceased alive			The state of the s	nlan death occurred an the do
and haur and fram the causes stated abay	ve. (We) (did)	view the bady after deoth.		
23A. SIGNATURE	11			23 B. DATE SIGNED
Maria Osta	7/94/ / // Dh.	ending Med. Director	Staff Phys.	1627/968
23C. PHYSICIAN'S	DEGREE	23D. ADDRESS	, ,	0 00 11
NAME (Type) MARRIS OS	TROS MI)	clina: Has	0/12/07	DO ITIMORE
4A. BURIAL CREMATION, 24B. DATE 24	DEGREE	FAMATORY 124D	LOCATION (Cit	y, town, or county) (Stote)
REMOVAL (Specify)	C. HAME OF CEMETERS OF CH	240.	LOCATION (CII	7, 10 Wil, or Goothy) (31010)
Burial 10/9/68	New Cathedral		altimore,	Md.
SA. DATE REC'D BY HEALTH DEPT. 2SB. NA	ME OF REGISTRAR	2SC. FUNERAL DIRECTO	R	ADDRESS
1200 11.00	10-10-10 (G. M. Jeffkrui	Balto.	4905 York Rd
/S 150-REV. 1/1/6B			Da Luo .	بالله وعا



5-334

68-10188 BALTIMORE CITY HEALTH DEPARTMENT

,	C				
1	MEDICAL	EXAMINER'S	CERTIFICATI	OF	DEATH

BIRTH NO.	DICAL EXAMINER'S	CERTIFICATE O	F DEATH REG. NO	09_10199
1. NAME OF DECEASED (Type or Print) RUDOLF		2. DATE Known	Manth Doy	Yeor Haur
REDUCKRY STAD	OLER	OF DEATH Estimoted	10 5	68 11:00 pm.
4. PLACE IN BALTIMORE, MARYLAND,		3. DATE PRONOUNCED DEAD	Month Doy	Yeor Hour
HOSPITAL ADDRESS OR LOCA	TAL OR INSTITUTION, GIVE STREET ATION)	PROTOGRACED DEAD	October 5	1968 11:00 %
OR INSTITUTION		5. USUAL RESIDENCE (Wh A, STATE	ere deceosed lived. If institut B. COUNT	ion: residence before admission)
City Hospital	D.O.A.			
6. SEX City Hospital	B. MARRIED NEVER MARRIED	C. CITY OR YOWN	D. INSIDE	CITY LIMITS?
Male White	WIDOWED DIVORCED	Palta	2/-	YES X NO -
9. DATE OF BIRTH 10. AGE (E. STREET AND NUMBER	40	4 3700
March 23, 1895. lost birthdo	Months Doys Hours Min.	/ 010 7-1		
11. BIRTHPLACE(State or foreign country)	12. CITIZEN OF	13. FATHER'S NAME	man Ave.	
Austria	WHAT COUNTRY?		Unknown	
14A.USUAL OCCUPATION (Give kind of work		Y 15. MOTHER'S MAIDEN N	AME	
done during most of working life, even if retired) Retired Bricklayer			Unknown	
WAS DECEASED EVER IN U.S. ADME	D FORCES? 17. SOCIAL	IB. INFORMANT		ADDRESS
(Yes, no grunknown) (If yes, give wor or dotes	218-05-5836		llan,5022 Erd	man Ave. 21205
19.4/	CAUSE OF DEA	TH .		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRE	ECTIV Arteriosc	lerotic cardiov	ascular diseas	
LEADING TO DEATH	(A)IMMEDIATE	and the same of the same of the same of		
(This does not mean the mode of d heart foilure, osthenia, etc. It means th	lying, e.g., DUE TO OR	AS A CONSEQUENCE OF:		
injury or complication which coused de	eoth.)			
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF AN RISE TO THE ABOVE CAUSE (A) STATUNDERLYING CONDITION LAST. UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONDIT	ATING THE (C)CONTRIBUTING	AS A CONSEQUENCE OF:		
DISEASE OR CONDITION GIVEN IN I	PART 1 (A)			
20A. DATE OF OPERATION 20B. CO	ONDITION FOR WHICH OPERATION W	AS PERFORMED		21. AUTOPSY? (Yes or No)
100				yes
22A EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB-	22B.PLACE OF INJURY (e.g., home, form, foctory, street, office	in or obout 22C. WHERE DI	(If in Boltimore City, give	exoct locotion)
UTING CAUSE OF DEATH. 22D. TIME (Month) (Dov) (Yes	IDamo			
OF INJURY (Month) (Doy) (Yes			KINAN AZEGR?	
(APPROX.) 18 5 68		VORK		MEET AND A STATE OF THE STATE O
23.				
		tapsy XX and that or	this basis, death in n	ny apinian
resulted from: Natural ce	uses XX Accident Suici	de Homicide	Undetermined manne	er 🔲
1	4/1	CHIEF MEDICA	L EXAMINER	DATE SIGNED
ACTUAL SIGNATURE	70 C WI	ASSISTANT MEDICA	LEXAMINER XX	
EXAMINER'S		ASSOCIATE MEDICA	L EXAMINER	
	F. Wilson, M.D.			ober 6, 1968
24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify)	24C. NAME of CEMETERY	or CREMATORY 24	D. LOCATION (City, to	own, or county) (State)
Cremation 10/9	9/68. Greenmount C	rematory	Baltimore,	Md.
25A. DATE REC'D BY HEALTH DEPT.	25B. NAME OF REGISTRAR	25C. FUNERAL DIRE	CTOR	ADDRESS
BOT 0 1080	0 8 6087.00 Q	Leonard J.	Buck, Inc. B	alto. Md. 21214

VS 151-REV. 1/1/6B

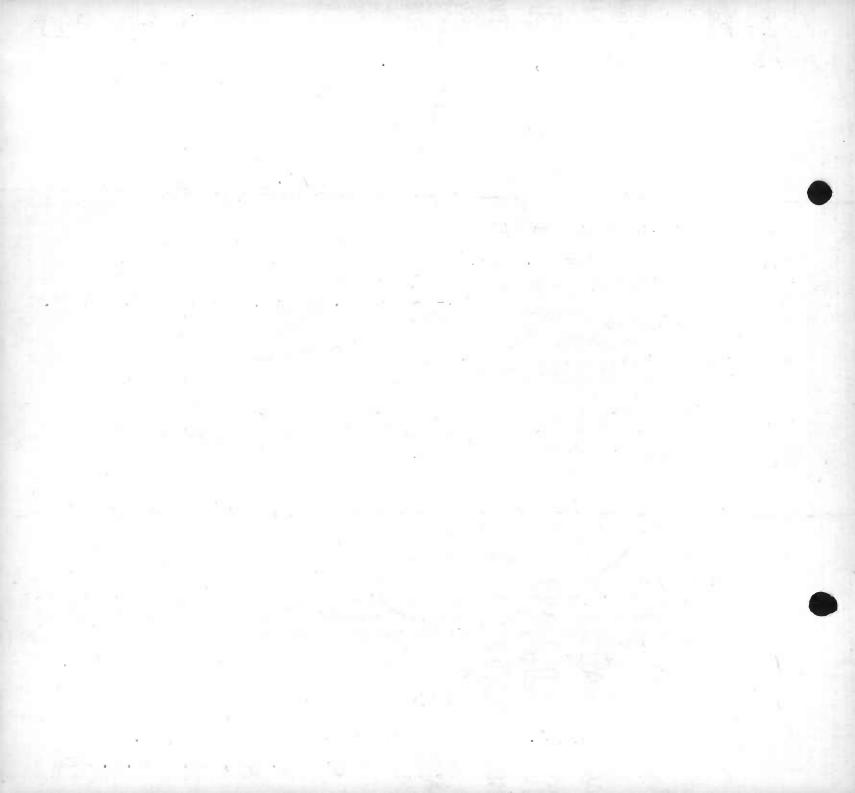
202 Jan 19 4 AS . V . See 188 . May 10 . Cell . .

, (49)

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH of death Deceased the BIRTH NO. I, NAME OF DECEASED 2. DATE AND HOUR OF DEATH WALTER, FLORENCE (Type or Print) E. On 10-4-1968. hospital death. 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before A. STATE

B. COUNTY ance 21207 MARYLAND . cause (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) FULL NAME OF HOSPITAL OR C. CITY OR TOWN D. INSIDE CITY LIMITS? INSTITUTION 0 BALTIMORE NO LUTHERAN HOSPITAL OF MARYLAND STREET AND NUMBER WILD CHERRY 3518 regular 9. AGE (In years 5. SEX 6. RACE If Under 1 Yr. Months: Ooys If Under 24 Hrs. 7. MARRIED NEVER MARRIED Hours lost hirthdoy DIVORCED WIDOWED to A. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) (1.5.A. Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Harry D. Waggner Lillie Willard IMPORTANT 15. Was Deceased Ever in U. S. Armed Forces 17. INFORM ANT ADDRESS 6. SOCIAL (Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO. 218-22-4753 No Mr. Heward P. Walter, 5915 St. Regis Rd. #7 CAUSE OF DEATH SETWEEN ONSET AND DEATH DISEASE OF CONDITION DIRECTLY LEADING TO DEATH IMMEDIATE CAUSE ASCVD DUE TO, OR AS A CONSEQUENCE OF: (A) IMMEDIATE CAUSE (This does not mean the made of dying, e.g., heart foilure, osthenia, etc. It means the disease, DIRECTOR: injury or camplication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if ony, rise to the above cause (A) stoting the UNDERLYING CONDITION lost. the remains 11 40001 FUNERAL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A) 19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION 20 A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? 21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 21 B. PLACE OF INJURY (e.g., in or obout 27 C. WHERE DID home, form, foctory, street, office bldg., INJURY OCCUR? (If in Boltimore City, give exact location) hospital DEATH (notify medical examiner) MEDI 21 D. TIME (Hour) obtained (Month) (Doy) (Year) 21E, INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY Not While While At (APPROX.) At Work Work 9-19- 1968 to 10-4-1968 22. I certify that (t) (this haspital) attended the deceased from that (1) (we) last saw the deceased alive on 10-4-19.6 and that In(my) (our) opinion death occurred on the date and hour and from the causes stated above. (1) (We) (did) (did not) view the body after death. 23A. SIGNATURE 23 B. DATE SIGNED 10/4/68. Attending [23C. PHYSICIAN'S 23D. ADDRESS LUTHERAN HOSPITAL OF MARYLAND BALTO. MD 2/2/6 24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify) 24C. NAME of CEMETERY OF CREMATORY deceased 10/8/68. Burial shows: Cardens of Faith Cemetery Baltimore, Md. 25C. FUNERAL DIRECTOR SD 25A. DATE REC'D BY HEALTH DEPT. 258. NAME OF REGISTRAR Loonard J. Buck, Inc. Balto Md. 21214 CI-ME!

VS 150-REV. 1/1/68



IMPORTANT

FUNERAL DIRECTOR:

find by of 19 the The institution of the comment

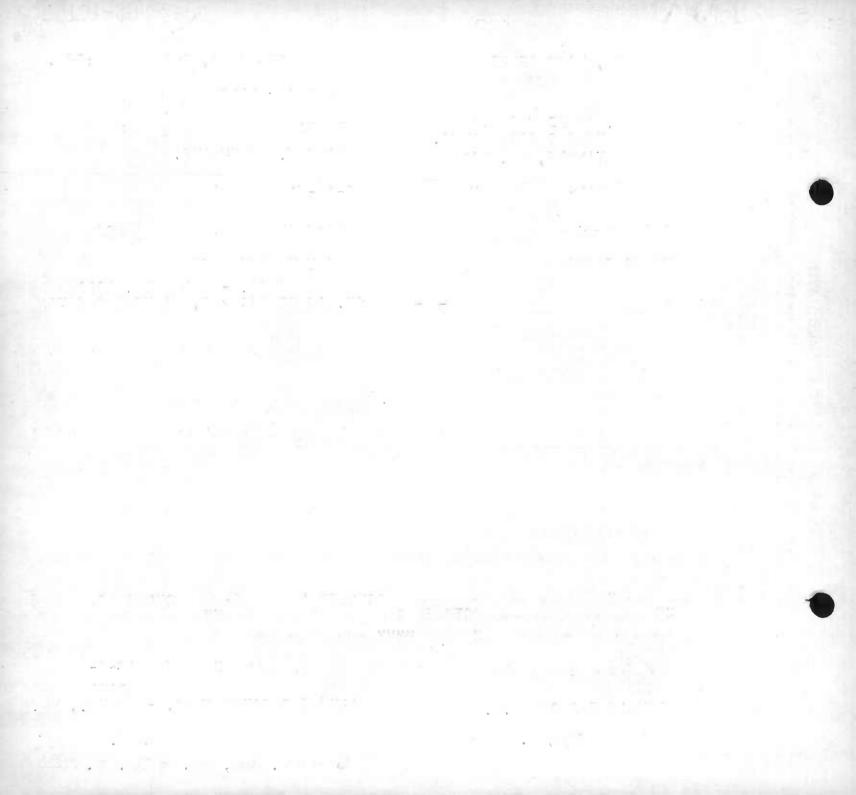
10101	BALTIMORE CIT	TY HEALTH	DEPARTMENT
R = 10191			

CERTIFICATE OF DEATH

REG.	NO.	6	8	1	0	1	31	
		1		-	-	-		

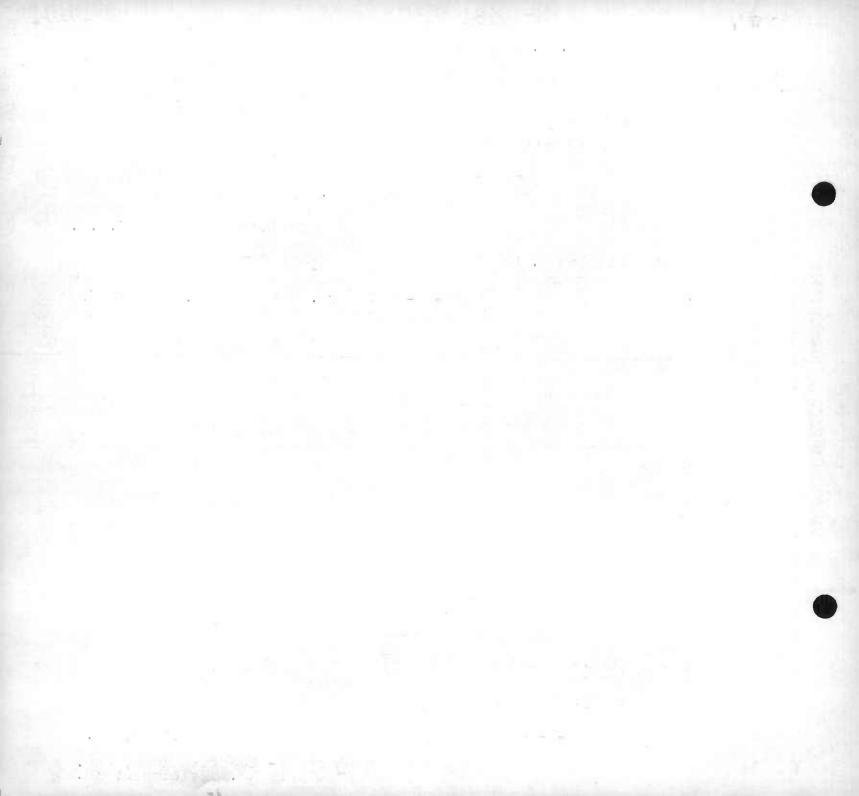
BIR	RTH NO.	CERTIFICA	IE OF DEATH		
1.1	NAME OF DECEASED	/		AND HOUR OF DEATH	
СТУ	pe or Print) SMITH, SHE	LDON F., Sr.			- IN
	PLACE IN BALTIMORE, MARYLAND, WHERE PRO	A. STATE 8. COU	YTMI	stitution: residence before admission)	
HC	ILL NAME OF (IF NOT IN HOSPITAL OR IN ADDRESS OR LOCATION) STITUTION	STITUTION, GIVE STREET	C. CITY OR TOWN BALTIMOR	O. INS	IDE CHY LIMITS?
12	/W Union Memorial	Union Memorial Gespital			YES NO NO
-	onlow remortal	ACOPT OUT	E. STREET AND NUMBER	ARKMONT	AVENUE
5. :	SEX 6. RACE 7. MARR	IED NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Hrs. Months Days Hours Min.
	M W WIDOV	VED DIVORCED	07-22-13	35	" " B with way
	USUAL OCCUPATION (Give kind of work 108. KINE	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fo	reign country)	12. CITIZEN OF WHAT COUNTRY
don	underwriter Underwriter US	F&G Ins.	MARYL:	AND	U. S. A.
13.	FATHER'S NAME		14. MOTHER'S MAIDEN N		2
	PAUL SMITH		MARY	BARNHA	RDT
	Was Deceased Ever in U. S. Armed Forces? s,no or unknown) (If yes, give war or dates of servi	1 6. SOCIAL	17. INFORMANT		ADDRESS
	Yes WW2	security No. 215-07-8191	MRS.	EVELYN	SMITH (Same)
	18. 44 37 91	CAUSE OF DEAT	-1		APPROXIMATE INTERVAL
CERTIFICATION	19A. DATE OF OPERATION 198. CONDITION F WAS PERFORMED	ving DUE TO, OR AS the (C)	20 A. AUTOPSY? (Yes or	DOBSTRUCT	FINDINGS CONSIDERED LUSES OF DEATH?
CALC	OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	21 B. PLACE OF INJURY (e.g., i hame, form, foctory, street, of etc.)	n or obout 21 C. WHERE DID fice bldg., INJURY OCCUR?	(If in Soltimo	re City, give exact location)
MEDI	21 D. TIME (Month) (Doy) (Year) (Hout) OF INJURY (APPROX.)	21E. INJURY OCCURRED While At Not While Work Not While At Work			
	22. 1 certify that (1) (this hospital) attend	to the descourse from	201. 4	1968 to	CT 3 1968
	that (I) (ver) lost sow the deceased alive	on Oct. 4	19 68 ond	that in (my) (out) opi	inion deoth occurred on the do
	and hour and from the couses stated above	e. (1) (WE) (did) (did not) v	iew the body ofter deoth	1.	
	23A. SIGNATURE				23B DATE SIGNED
/	Tong Li lehi	dedate Phy	nding Med. Director	Staff Phys.	Ca. 0, 108
1	23C. PHYSICIAN'S/ NAME/UYPE/ HONG		23D. ADDRESS Union	Mem. &	lesp
24	A. BURIAL CREMATION, 248. DATE 24	C. NAME of CEMETERY OF CRI	MATORY 24D.	LOCATION (C	ity, town, or county) (State)
	Burial 10/9/68.	Parkwood Cemet	ery	Baltimor	e, Md.
25		ME OF REGISTRAR	2SC. FUNERAL DIRECTO	on The B.	alto. Md. 21214
	MC 8 1958 AV	0 5 5 5 D.M	Towner of S.	THOS .	when and a second measurement.

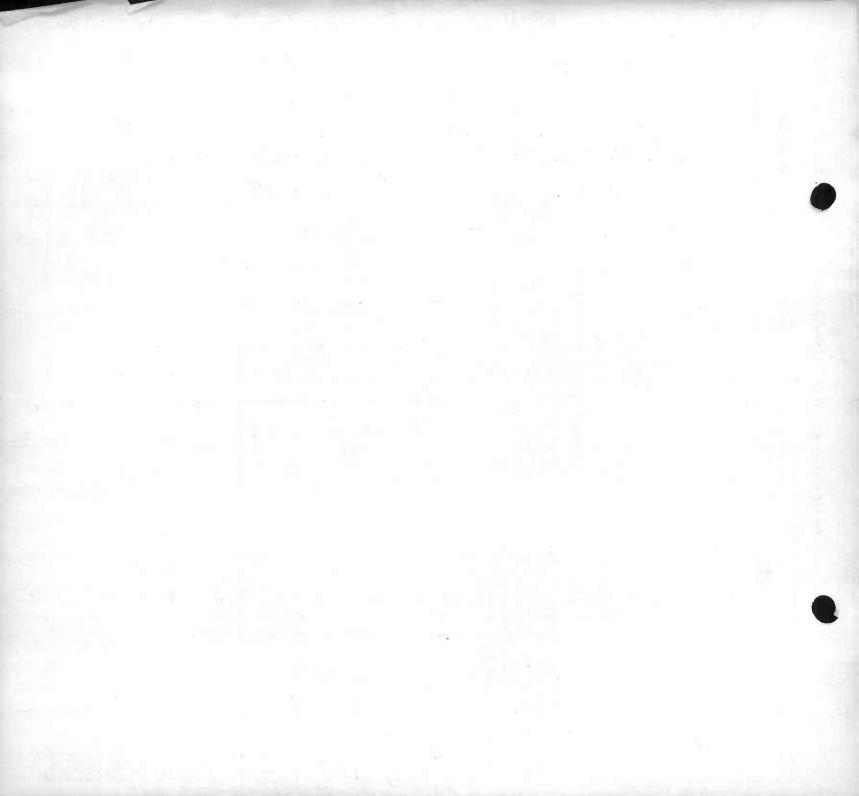


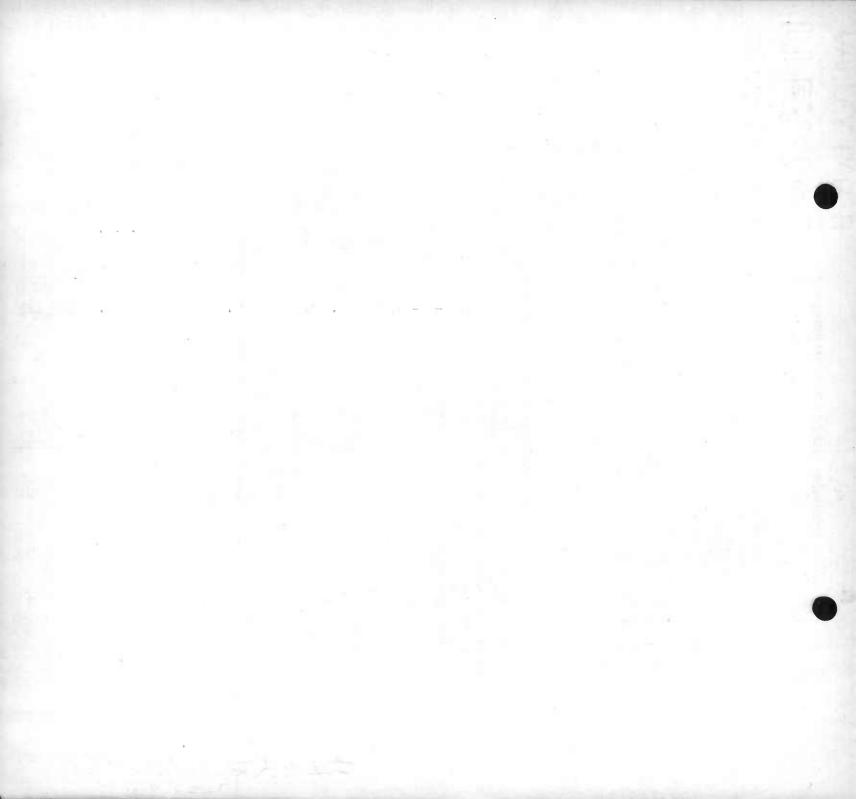


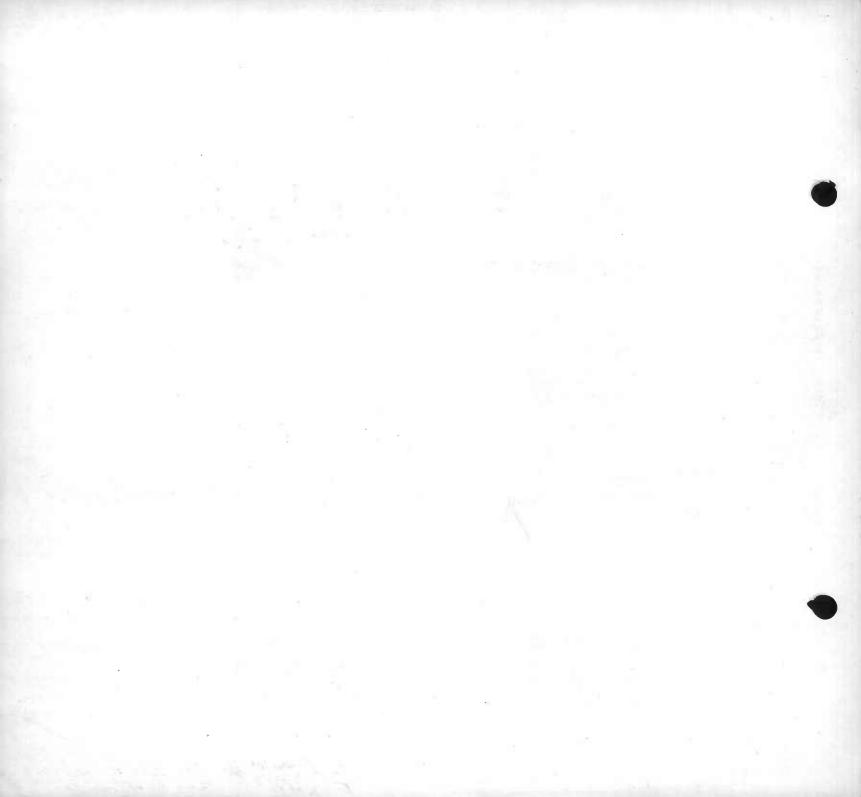
,1968. INSIDE CITY LIMITS? NO If Under 1 Yr. Months: Days If Under 24 Hrs. Hours 12. CITIZEN OF WHAT COUNTRY? APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If in Boftimore City, give exact location) 1961 to 12:55 PM Oct 4 that (1) (we) last saw the deceased alive an Oct 4, 12.54 MM 19 6 K and that in (my) (aur) apinian death accurred an the date 23 B. DATE SIGNED 10/4/68. Maryland General Hospital (City, town, or county) (Stote) VS 150-REV. 1/1/6B











B-260

68-10198 BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL	EXAMINER'S	CERTIFICATE	OF DEATH

68	-1	01	98

BIRTH NO.	MILDI	C/ (L L/	WANTI VER 5			DEATH	REG. N	١٥		7100
1. NAME OF DECEASED (Type or Print)	#Director			2. DATE	Knawn 🖎	Month	Day	Year	Haur	
(Type or Fillin)	ERNEST	OTIS B	OOKER	OF DEATH	Estimated	October	6,	1968		м.
4. PLACE IN BALTIMORE,				3. DATE	INCED DEAD	Month	Doy	Year	Hour	
FULL NAME OF (IF HOSPITAL AD OR INSTITUTION	DRESS OR LOCATION	OR INSTITUTION)	ON, GIVE STREET		SIDENCE (When	October				P.M.
	theran Ho	spital	(DOA)	A. STATE	Maryland		COUN		e pelare dam	1551011)
6. SEX 7. RACE		_	NEVER MARRIED	C. CITY OR		D.	4 SID	E CITY LIMITS	2	
Male Ne		WIDOWED [Baltimore	1	1	YES K	No Es	erando
9. DATE OF BIRTH	10. AGE (In y	ears If Un	der 1 Yr. If Under 24 Hrs.		ND NUMBER			112 663 3	110	
3-9-28	LO	Mont	hs Days Hours Min.	11.16	Fulton	ATTO				
11. BIRTHPLACE (State or fo			ITIZEN OF	13. FATHER		AVC.				
Va.			HAT COUNTRY?	Jame	s Booke	r				
14A. USUAL OCCUPATION (dane during mast of working life		B. KIND OF E	SUSINESS OR INDUSTRY	15. MOTHE	'S MAIDEN NA	WE				
					atie Ty	ree				
16. WAS DECEASED EVER (Yes, na ar unknawn) (If yes, gi	IN U.S. ARMED F ive war or dates af	service)	17. SOCIAL SECURITY NO.	1B. INFORA				ADDRESS		
no			224328852		Booker	1525	St	ricke	r Str	eet
19. 5 8 1 4	1/		CAUSE OF DEA	TH				8 6	TWEEN ONSET	AND DEATH
	NOITION DIRECT	LY								
	S TO DEATH		(A)IMMEDIATE	AUSE Cer	cebro-cra	nial inj	urie	s		
(This does not meon heart failure, asthenia,	, etc. It means the di	isease,	DUE TO, OR	AS A CONSEQ	UENCE OF:					
injury ar camplication	which coused death	.)								
ANTECEDE	NT CAUSES		(B)							
DISEASES OR CONE	CAUSE AN STATIN	GIVING	(B)DUE TO, OR	AS A CONSEC	UENCE OF:					
UNDERLYING CON	DITION LAST.	10 Inc	(C)							
E 812.4	11		/ or / somme annual construction							
OTHER SIGNIFICANT TO THE DEATH BUT IN DISEASE OR CONDITION DATE OF OPERAT	NOT RELATED TO TH	IE TERMINAL								
20A. DATE OF OPERAT			WHICH OPERATION W	AS PERFORM	ED		_	21. AU	TOPSY? (Yes	or No)
0/2									Yes	
22A. EXTERNAL CAL		22B. P	LACE OF INJURY(e.g., farm, factory, street, affic	in or obaut 2	2C. WHERE DID	(If in Baltimore C	ity, give			5-02
UNDERLYING OR CO		home	street, affic	e bidg., etc.) II T	ulton Av	e. 2151	nort	h of B	aker St	
≥ 22D. TIME (Month)	(Doy) (Yeor)	(Hour) 22	E.INJURY OCCURRED		2F. HOW DID IN		101	II OL D	AICCE DI	.1000
OF INJURY (APPROX.) 10-6	-68 8:45	P.m. W	HILE AT NOT	WHILE X	Pedestri	an etruci	r by	tavic	ah	
23.	00 0113	- • IRI. W	ORK LI AIT	ORK EL	redeserr	an Struc	C Dy	Lante	20	
1 certify that	I held an Inq	juiry 🔲	Inspection Au	tapsy X	and that an t	his basis, de	th in	my apinlan		
resulted fram	: Natural cause	s A	cident X Suicio	le Ho	micIde 🗌	Undetermined	mann	er 🔲		
/	70 0		1		CHIEF MEDICAL	EXAMINER [
ACTUAL ((kin)	(1)	1	ASSI	STANT MEDICAL	575			DATE SIG	NED
SIGNATURE EXAMINER'S	Charles S	. Sprin	gate, M.D.		CIATE MEDICAL			October	r 7, 19	68
NAME (Type) 24A. BURIAL CREMATION,	24B. DATE	246	. NAME of CEMETERY	ar CREMATO	RY 24D.	LOCATION		tawn, ar coun		tate)
REMOVAL (Specify) Burial	10 11	68	Chunch Co-			D: 3.7	*:	7-		
25A. DATE REC'D BY HEAL	10-11-		Church Cem	25C. F	UNERAL DIRECT	OR D D	, V	e ADDRESS		
2010	TH 1968 (1	obest	E. Jankons		son Turk		-		alhour	St.
VS 151-REV. 1/1/6B	Com 25 11	X	. 0 0	7 10		,				

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unlanged Interes - reduced to

THE WAS TO THE PRESENT OF THE PERSON.

was D.O.A. deceased

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prior to death.

attendance on the

a hospital and

68-10199 BALTIMORE CITY	Y HEALTH DEPARTMENT	00 40400
CERTIFICA	TE OF DEATH REG. NO.	68-10199
BIRTH NO. 1, NAME OF DECEASED	2, DATE AND HOUR OF DEATH	
Type or Print) HOWARD L. BIGGERS	10-4-68	13:20 A
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceosed lived. If in A. STATE B. COUNTY	nstitutian: residence befare odmissia
FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	MARYLAND-	6-09
HOSPITAL OR ADDRESS OR LOCATION) INSTITUTION		IDECITY LIMITS?
42.000	BALTHOLE.	YES NO
72 Sinai HOSPITAL	2130 St. Holly St.	16
S. SEX 6. RACE 7. MARRIED NEVER MARRIED WIDOWED DIVORCED	B. DATE OF BIRTH 4/23//0 9. AGE (In years lost birthday) 58	If Under 1 Yr. If Under 24 Hi Manths Doys Haurs Min.
10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY dogs, during most of working life, even if retired)		12. CITIZEN OF WHAT COUNT
Warehouseman U. S. Government	BALTIMORE	U.S.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
Harry George Biggers	Ida Cora Mills	
S. Was Deceased Ever in U. S. Armed Forces? 16. SOCIAL	17. INFORMANT	ADDRESS
(Yes, no of unknown) (If yes, give wor ar dotes of service) SECURITY NO. 212-10-7018	Mrs Elsie Biggers 2130 MT.	Holly St.
18. 4 O D AN 4 // CAUSE OF DEAT		APPROXIMATE INTERVAL
DISEASES OR CONDITIONS, il any, giving ise to the above cause (A) stoling the UNDERLYING CONDITION last. (C)	20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED
U 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., OR CONTRIBUTING CAUSE OF home, farm, foctory, street, or etc.)	in ar about 21 C. WHERE DID (If in Boltima	re City, give exact lacation)
O 21D.TIME (Manth) (Day) (Year) (Hour) 21E, INJURY OCCURRED	21F. HOW DID INJURY OCCUR?	
While At Not Whi	ile	
Wark At Work		0-4-68 10
22. I certify that (I) (this hospital) attended the deceased from	1910	
that (I) (we) lost sow the deceased alive on 10-3-68		inion deoth occurred on the d
ond hour and from the causes stated above. (1) (We) (did) (did not)	view the body ofter deoth.	23B. DATE SIGNED
YOU ON DOWN ANTON AH	ending	10-4-68
23C. PHYSICIAN'S NAME (Type) T R CHIOCA INTERN	ending Med. Staff	10-7-63
I. N. CHLUCK, INTERN		L .
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CR		City, town, or county) (State)
Burial 10/8/68 Arbutus Memoria	1	
25A. DATE REC'D AY HEALTH DEPT. 25B. NAME OF REGISTRAR	2 Orbert 2. Outter 3035	N. North Ave.

25C. FUNERAL DIRECTOR

VS 150-REV. 1/1/6B



BIRTH NO.

FULL NAME OF HOSPITAL OR INSTITUTION

1. NAME OF DECEASED

CLARENCE BOWMAN 4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

(IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)

Bon Secours Hospital D.O.A.

68-10200 BALTIMORE CITY HEA

MEDICAL EXAMINER'S C

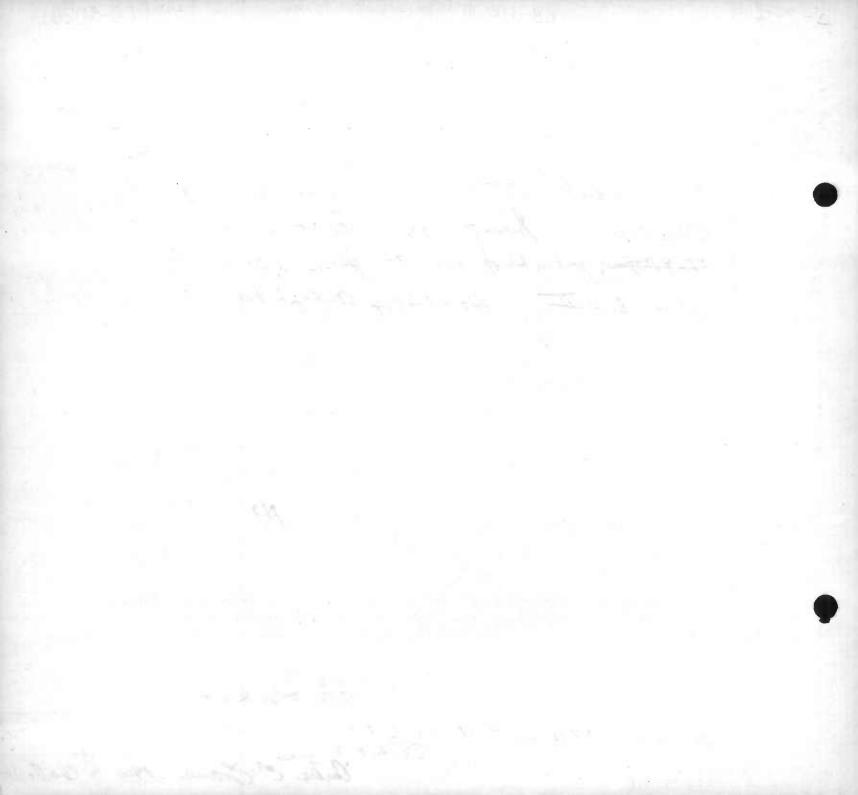
ALTH DEP	ARTMENT			00 10	000	
ERTIF	ICATE OF	DEATH		68-10	200	
			REG. N	10		
2. DATE	Known 🔀	Month	Doy	Yeor	Hour	
OF DEATH	Estimoted	10	5	68	3:55	a M.
3. DATE		Month	Doy	Yeor	Hour	171.
PRON	OUNCED DEAD	October	5,	1968	3:55	a M
	RESIDENCE (When				efore odmis	sion)
A. STATE	Maryland	В.	COUNT	A		
C. CITY C	OR TOWN	D	. INSIDI	CUN LIMITS?	cities,	-
В	alto.			Ves III		A STATE OF THE PARTY OF THE PAR
E. STREET	AND NUMBER					-
1	102 Lynhur:	st St.				
	ER'S NAME					
	Clan	onco Pou				
15. MOTH	HER'S MAIDEN NA	ence Bow ME	Mall			
	Rossia	Woolbri	aht			
1B. INFO		MOOTNII	Gire	ADDRESS		
	Bessie Hamm	mand 170	O NI		n C+	
H	Dessie Hall	10110 112	U IV.		ROXIMATE IN	TERVAL
					EN ONSET A	
	Ten day on d	- 0				
AUSE	Injurio	es				
S A CONSI	EQUENCE OF:					
AS A CON:	SEQUENCE OF:					
				10 11 0		
S PERFOR	RMED			21. AUTOF	Yes o	r No)
					YES	
in or obout	22C. WHERE DID INJURY OCCUR?	(If in Boltimore (City, give	exoct location)	18-0	/
27 2.21)	Fayette a			r St.		
	22F. HOW DID IN	JURY OCCUR?				
WHILE D	Subject	driver i	n au	to-auto	collis	sion
					1471	

						A	.50
. SEX	7. RACE	8. MARRIED	NEVER MARRIED	C. CITY OR TOWN	D. IN	SIDE CUT LIM	ITS?
Male	Colored	WIDOWED	DIVORCED	Balto.		(NES III	No D
DATE OF BIRTH	10. AGE lost birth	(In years If U	nder 1 Yr. If Under 24 Hrs. ths Doys Hours Min.	E. STREET AND NUMB	ER /		S.
3/24/	38	80	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1102 Lyn	hurst St.		
1. BIRTHPLACE (S	tote or foreign country)	12.	CITIZEN OF	13. FATHER'S NAME	4		
Balt	imore, Md.		WHAT COUNTRY?	0.	lamanaa Dawwa		
4A.USUAL OCCUI	PATION (Give kind of wor	k 14B. KIND OF	U.S.A. BUSINESS OR INDUSTRY	115. MOTHER'S MAIDEN	larence Bowma	n	
one during most of w	orking life, even if retired	1)	i Service				
Driver	ED EVER IN U.S. ARM		17. SOCIAL	1B. INFORMANT	sie Woolbrigh	ADDRESS	c
Yes, no or unknown)	(If yes, give wor or dote	s of service)	SECURITY NO.				
NO					Hammond 1720	N. Apple	eton St.
19.	121.0		CAUSE OF DEA	тн			APPROXIMATE INTERVA
DISEASI	E OR CONDITION DIR	ECTLY					
	LEADING TO DEATH		(A)IMMEDIATE	Inju	uries		
(This does no	of mean the made of	dying, e.g.,		AS A CONSEQUENCE OF:			
injury or com	osthenio, etc. It meons t aplication which coused d	eoth.)					
	NTECEDENT CAUSES OR CONDITIONS, IF AT	NY CIVING	(B)	AS A CONSEQUENCE OF			
RISE TO THE	ABOVE CAUSE (A) ST	ATING THE	552 10, 5K	AS A CONSEQUENCE OF			
ZUNDERLYIN	IG CONDITION LÁST.		(c)				
E 816	. 44 11						
OTHER SIGN	IFICANT CONDITIONS	CONTRIBUTING					
	CONDITION GIVEN IN						
20A. DATE OF	OPERATION 208. CO	ONDITION FOR	WHICH OPERATION W	AS PERFORMED		21. A	UTOPSY? (Yes or No)
02							YES
22A. EXTERN	VAL CAUSE WAS	22B.	PLACE OF INJURY(e.g.,	in or obout 22C. WHERE	DID (If in Boltimore City.	give exact locat	
	OR CONTRIB-	hom	e, form, foctory, street, offic	e bidg., etc.) INJURY OCC	te and Schroe		18-21
	Month) (Doy) (Ye		22E.INJURY OCCURRED		ID INJURY OCCUR?	der St.	
OF INJURY							
(APPROX.)	10 5 68	3:25 _{m.} a	WORK AT W	ORK Subject	et driver in	auto-au	to collision
				. 🗇			
	ify that I held on			2020	on this bosis, deoth		on
resul¶	ed from: Noturol to	A Mesen	coldent XX Suicio	de Homicide L	Undetermined mo	onner 🔲	
4.07.1.41	1 X. 1	1/1		CHIEF MEDI	CAL EXAMINER		DATE SIGNED
ACTUAL			M.D	ASSISTANT MED	ICAL EXAMINER		DATE STORED
EXAMINE				ASSOCIATE MEDI	ICAL EXAMINER		
NAME (T	ype) Edward	F. Wils	son, M.D.			October	5, 1968
24A. BURIAL CREM	MATION, 24B. DATE	24	IC. NAME of CEMETERY	or CREMATORY	24D. LOCATION (C	ity, town, or co	ounty) (Stote)
REMOVAL (Specifical)	10/	9/68	Arbutus Memor	rial Park	Baltimore	CO. MD.	
25A. DATE REC'D			OF REGISTRAR	25C. FUNERAL D		ADDRES	c
1	NAT O	230. IVAME	O T O				
	16.1 9 1968	46600	K. Sa Burna	2 terberto	E. Mutter 303	35 W. No	rth Ave.
S 151-REV. 1/1/68	N = 69	1					
	4	1 100					

AND DESCRIPTION OF THE PARTY OF

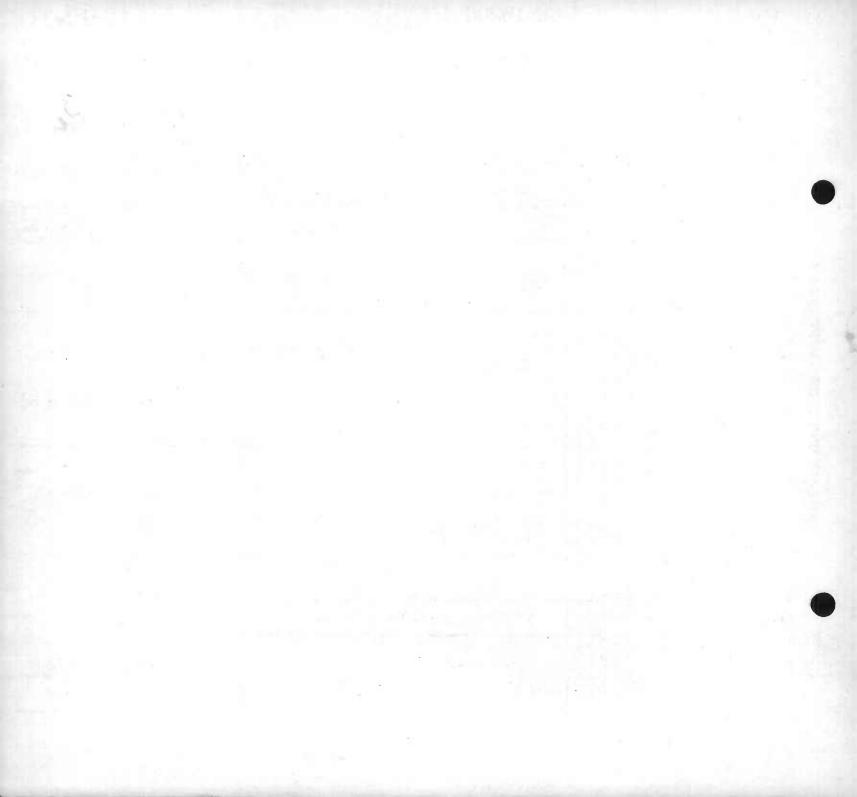
FUNERAL DIRECTOR:

BALTIMORE CITY HEALTH DEPARTMENT





VS 150-REV. 1/1/6B



10001	BALTIMORE C	ITY HEA	LTH DI	EPARTA	MENT
3-10204	CERTIFIC		05	DEA	-

REG. NO. 68-10204

15	TH NO. REG. NO. CERTIFICATE OF DEATH
1,1	IAME OF DECEASED 2, DATE AND HOUR OF DEATH
(1)	PLACE IN BALTIMORE MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)
3.	IA. STATE B. COUNT
FU	ILL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET 12 - 4 / 2
İN	STITUTION D. INSDE CIT LIMITS!
1	132//in or P YES NO E
(Bouth Baltimore General Hospital 1339 Richardson ST.
5.	SEX 6. RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. If Under 24 Hrs. Months; Doys Hours; Min.
	m widowed Divorced 3/7/22 46
	N. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
	Police man Baltimore City Chicaro, Illinois U.S.A. FATHER'S NAME 14. MOTHER'S MAIDEN NAME
13.	FATHER'S NAME
	Boris Mer Kousko Agnes Pelis
15. (Ye	Was Deceased Ever in U. S. Armed Forces? s, no ar unknown) (If yes, give war ar dates af service) SECURITY NO. 17. INFORMANT ADDRESS SECURITY NO.
	Yes 7/12/40 Thry 11/15/46 212-28-4893 Veronica Merkow-sko 1339 Richardson ST.
	18. 4 10 4 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH ANIMARDIATE CALISE Wyb Cand Ca
	(This does not mean the mode of dying, e.g., DUE TO, OR AS A CONSFOUENCE OF
	heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
	ANTECEDENT CAUSES a Antonio Schenetic, Years
	DISEASES OR CONDITIONS, if any, giving DUE TO, OR AS A CONSEQUENCE OF TO SCHOOL STATES
	rise to the above cause (A) stating the UNDERLYING CONDITION last.
	420.1 11
ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL
TAN	DISEASE OR CONDITION GIVEN IN PART 1 (A).
FRTIFIC	198. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
CE	21 A. ACCIDENT WAS UNDERLYING [1] [2] B. PLACE OF INJURY (e.g., in or obout 2] C. WHERE DID (III in Bultimare City, give exact location)
LA 7	OR CONTRIBUTING CAUSE OF home, form, factory, sheet, office bldg., INJURY OCCUR?
MEDIC	21D. TIME (Month) (Doy) (Yegr) (Hour) 21E, INJURY OCCURRED 21F. HOW DID INJURY OCCUR?
2	(APPROX.) While At Work At Work
	22. 1 certify that (1) (this haspital) attended the deceased from Oct, 6, 1968 to Oct, 6, 1968.
	that (I) (we) lost sow the deceased alive on
	and hour and from the causes stated above. (1) (We) (did) (did not) view the body ofter death.
	23A. SIGNATURE 23B. DATE SIGNED
	Attending Med. Staff Director Phys. Director Phys. Director Direct
	23C. PHYSICIAN'S NAME (Type) 23D. ADDRESS
	KIFAT MOBUSY DEGREE
24	A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify) 24C. NAME of CEMETERY or CREMATORY 24D. LOCATION (City, town, or county) (State)
	Burizi 10/10/68 Beltimore National Cemetery Baltimore, Mary bond
25	A. DATE REC'D BY HEALTH DEPT 258. NAME OF REGISTRAR 250 FUNERAL DIRECTOR STEVENS FUNERAL PROPERTY PORT POPULE
1	150/ Eust Fort Avenue
A 2	IJV-BET- I/ I/ VV

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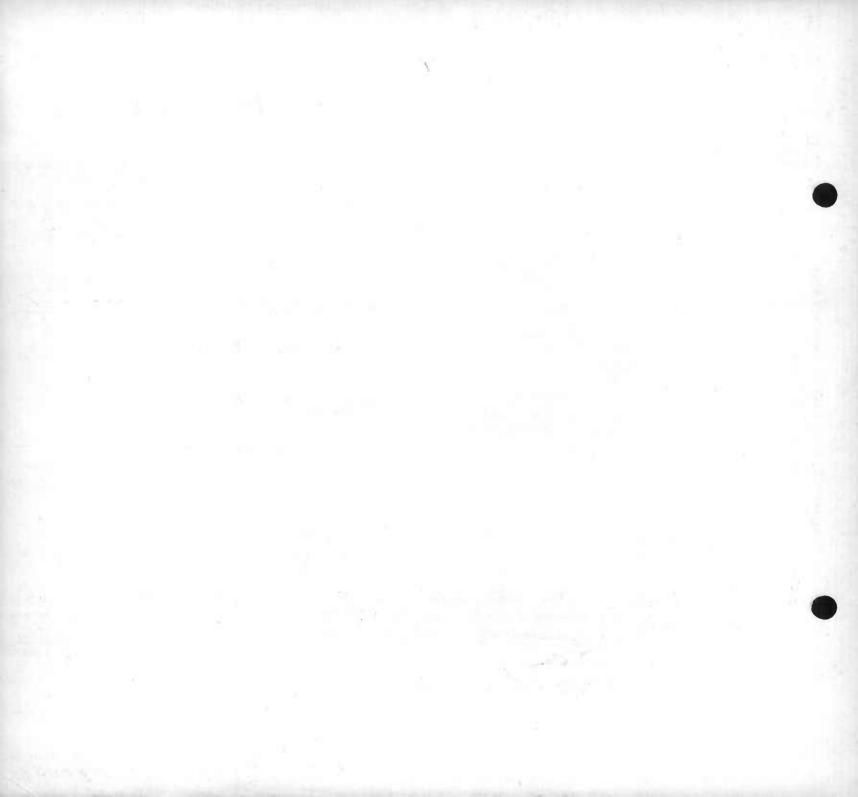
VS 150-REV. 1/1/6B

68-	10205
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BALTIMORE CITY HEALTH DEPARTMENT

68-10905

DID	TH NO.	CERTIFICA	TE OF DEATH	REG. NO	00_1000
1. N	AME OF DECEASED		2. DATE AI	ND HOUR OF DEATH	
Тур	e or Print) Charles E	. HerITI	h OUTO	ber 3.196	F 10:30 P. M. stitution: residence before admission)
3. 1	PLACE IN BALTIMORE, MARYLAND, WHERE PRO	NOUNCED DEAD	4. USUAL RESIDENCE (Whe	re deceased lived. If ins	stitution: residence before odmission)
HC	LL NAME OF (IF NOT IN HOSPITAL OR IN ADDRESS OR LOCATION)	STITUTION, GIVE STREET	CCITY OR TOWN		DE CHY LIMITS?
N:	O 1/30 Cooksi	4 57.	Baltimos	And the state of t	YES NO [
	0 1100 000 110.		E. STREET AND NUMBER	oksie S.	T.
5. 5	EX 6. RACE 7. MARR	HED NEVER MARRIED	B. DATE OF BIRTH	O AGE (In vices	If Under 1 Yr. If Under 24 Hrs.
	/7 // WIDOV	VED DIVORCED	1/5/01	lost birthday	Months Doys Hours Min.
	USUAL OCCUPATION (Give kind of work 10B. KINI during most of working life, even if retired)	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fore	eign country)	12. CITIZEN OF WHAT COUNTRY?
	BarTender		1707-y	240	2. S. A.
3.	FATHER'S NAME		14. MOTHER'S MAIDEN NA		
	Makrewr			nKnown	
	Wos Deceosed Ever in U.S. Armed Forces? s,no or unknown) (If yes, give wor or dotes of servi	ce) 1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
	No	212-07-693	4 Dorothy H	er174113	30 Couksing SI.
	1B. 9	CAUSE OF DEAT	H /		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY			1000	
	LEADING TO DEATH	(A) IMMEDIATE CA	USE Coroney	Meadon	
	(This daes not meen the made of dying, heart failure, asthenia, etc. It means the dise	DUE TO, OR AS	A CONSEQUENCE OF:		
	injury ar complication which coused death.)		1 2		
	ANTECEDENT CAUSES	(B) DI he	en ville ote	Case of 'se	deser
	DISEASES OR CONDITIONS, if any, gi	ving DUE TO, OR AS	A CONSEQUENCE OF:		
	rise to the abave cause (A) stating UNDERLYING CONDITION last.	(C)			
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ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTI				
	TO THE DEATH BUT NOT RELATED TO THE TERMIN DISEASE OR CONDITION GIVEN IN PART 1 (A).	100000000000000000000000000000000000000			
ERTIFIC	19A. DATE OF OPERATION 19B. CONDITION F WAS PERFORMED	OR WHICH OPERATION	20A. AUTOPSY? (Yes or N	IN CERTIFYING CAL	FINDINGS CONSIDERED USES OF DEATH?
CAL CE	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examine)	21B. PLACE OF INJURY (e.g., home, form, foctory, street, cetc.)	in or about 21C. WHERE DID office bldg., INJURY OCCUR?	(If in Boltimore	e City, give exoct locotion)
EDI	21D.TIME (Month) (Doy) (Yeor) (Hour)	21E. INJURY OCCURRED	21 F. HOW DID IN	JURY OCCUR?	
S	(APPROX.)	While At Work Not Whi			
	22. I certify that (I) (this haspital) attend	ed the deceased fram	gan,	1958 to	9-27 1968
	that (I) (we) last saw the deceased alive	G.	27 19 68 and t	hat in (my) (aur) apli	nian death accurred an the date
	and haur and from the causes stated above	e. (1) (We) (did) (did nat)	view the bady after death.	_	
	23A. SIGNATURE		-		23B. DATE SIGNED
	C Oby	Att	ending Med. Director	Staff Phys.	10-4-68
	23C. PHYSICIAN'S EUGENE SO	CHNITZER, M.D.	23D. ADDRESS 3904	S, HANO	Md. 21225
		GEGREE	BAL	tiMORE.	Md. 21225
24/	A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify) 24	C. NAME OF CEMETERY OF CR	REMATORY 24D.	LOCATION	ty, town, or county) (Stote)
	3	Loudon Park	Cenetery	Bullino	1-1, Md.
25/		ME OF REGISTRAL	25C. FUNERAL PIRECTO	L, STEVEUS	Fun Transstrone, In
	1000 1000	CA CA MARINER	13	DI E. Fo	THYENUE





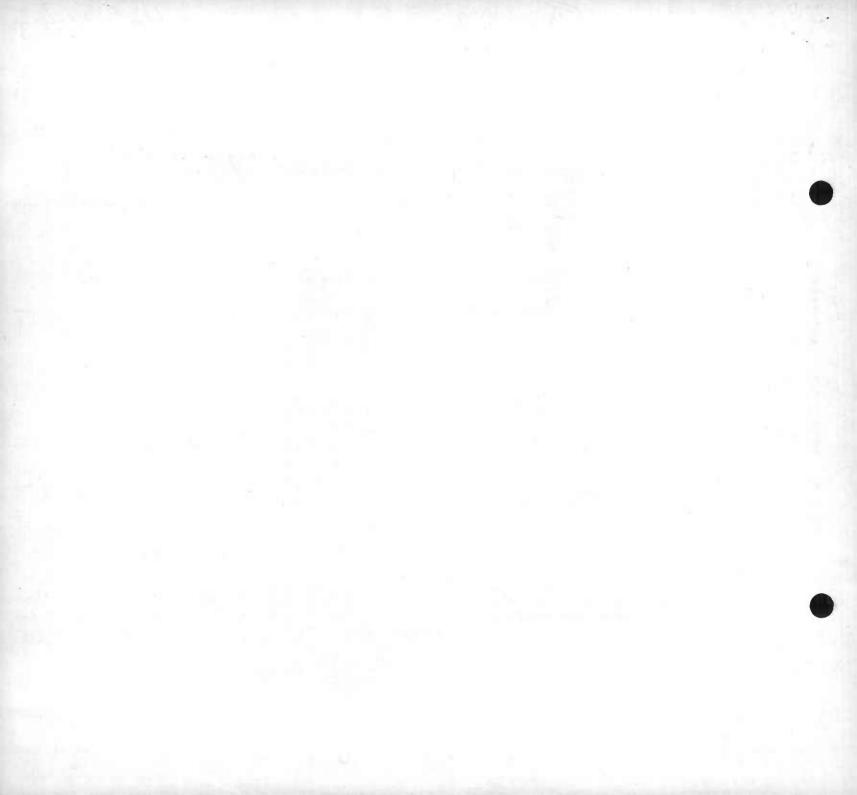
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VS 150-REV. 1/1/65



	BALTIMORE	CITY HEALTH DEPARTMENT
RIP	TH NO. 68-15140 68-10208 CERTIFI	CATE OF DEATH REG. NO. 423
l, N	AME OF DECEASED	2. DATE AND HOUR OF DEATH
3. F	PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admiss
		A. STATE B. COUNTY
10	LL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET STRUTION ADDRESS OR LOCATION) STITUTION	D. INSIDE CITY LIMITS!
	= : 1/ = -1-1 of Rolf	Battimore Md. YES 1 NO 1
1	Sinar Hospital OF Balta	E. STREET AND NUMBER
S	6. RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH 19 AGE (In years If Under 1 Tr. , If Under 24
	WIDOWED DIVORCED	[last birthday] Months! Doys ! Hours! Min
	USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDLe during most of working life, even if retired)	USTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUN
	+ MEGNT	Ma.
3.	FATHER'S NAME	14. MOTHER'S MAIDEN NAME
	Unknown	Wanda Ruffin
Yes	Was Deceased Ever in U. S. Armed Forces? 16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS
	1B. 77 7 X I CAUSE OF D	DEATH APPROXIMATE INTERV
	DISEASE OF CONDITION DIRECTLY LEADING TO DEATH	As atmitu
	(This does not mean the mode of dying, e.g., (A) IMMEDIAT DUE TO, C	DR AS A CONSEQUENCE OF:
	heart failure, osthenia, etc. It means the disease, injury or camplication which caused death.)	
	ANTECEDENT CAUSES	
		OR AS A CONSEQUENCE OF:
	rise to the above couse (A) stating the UNDERLYING CONDITION last, (C)	
	776 X II	
ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL	
	DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION	20A. AUTOPSY? (Yes or 100) 208. IF YES, WERE FINDINGS CONSIDERED
CERTIFIC	2) WAS PERFORMED	20A. AUTOPSY? (Yes or New 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
	21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY CONTRIBUTING CAUSE OF CONTRIBUTING CAUSE OF	(e.g., in or obout 21 C. WHERE DID (If in Boltimore City, give exact location) eet, office bldg., INJURY OCCUR?
CA	DEATH (notify medical examine) etc.)	
MEDI	21D. TIME (Month) (Day) (Year) (Hour) 21E, INJURY OCCURRED	
2		t While Work
	22. I certify that (1) (this hospital) attended the deceased from	8/11 1968 to 8/11 1968
	that (D) (we) last saw the deceased alive on 8/1	19 6 and that In(my) (our) opinion death occurred on the
	and hour and from the causes stated above. (1) (We) (did) (did r	
	23A. SIGNATURE	Attending Med. Staff
	THE COUNTY OF TH	Phys. Director Phys.
	23C. PHYSICIAN'S NAME (Type)	ov MD Singi Hosp. Of Baltingen.
24 4	A. BURIAL CREMATION, 24B. DATE 124C. NAME of CEMETERY	DEGREE AND
2-4 54	REMOVAL (Specify)	or CREMATORY 24D. LOCATION (City, town, or county) (Sta
25A	A. DATE REC'D BY HEALTH DEPT. 258. NAME OF REGISTRAR	256. FUNDRAL DIRECTOR ADDRESS
	OCT 8 1968 R.O. F. E. Farbur	2 2 MORTUARY SERVICE - BCHD
S	150-REV. 1/1/68	T. STATE OF THE ST



VS 150-REV. 1/1/68

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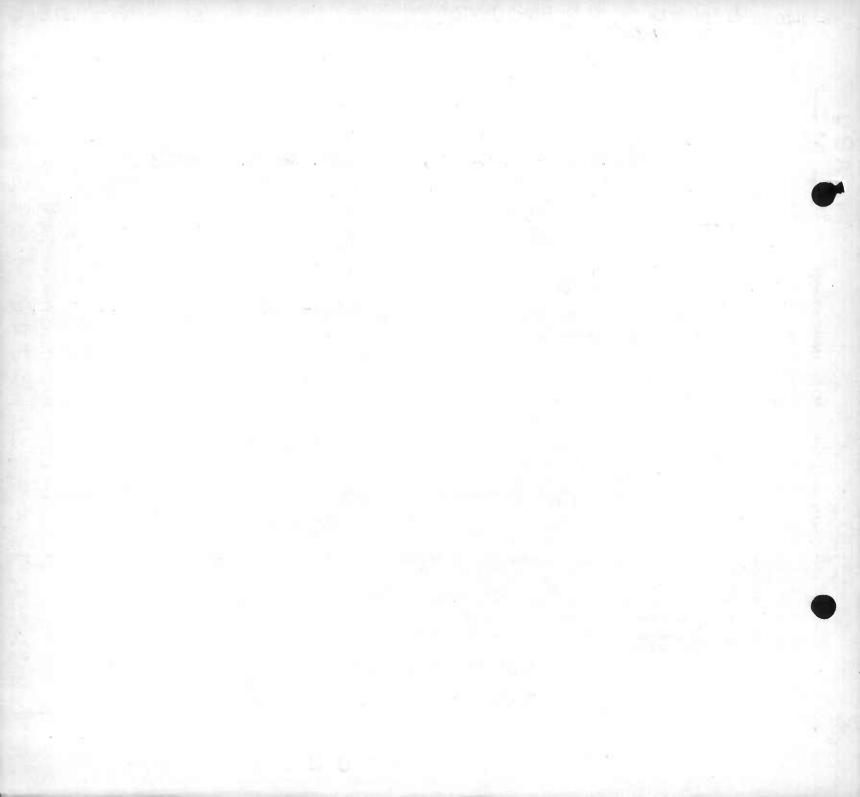
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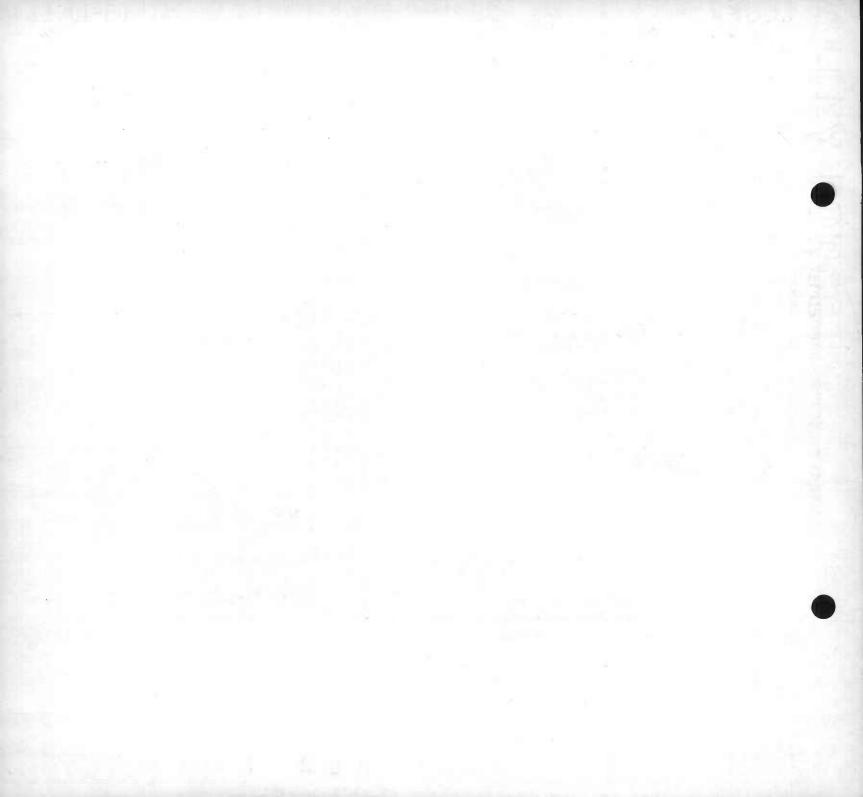


0-	1.0	BALTIMORE CIT	Y HEALTH DEPARTMENT REG. NO. 68-10213 4
T	C 7 0 5	BIRTH NO. 68-17532 68-10213 CERTIFICA	ATE OF DEATH REG. NO. OO 100 100
gue	of death Deceased e on the 1th. Such	1. NAME OF DECEASED (Type or Print) BABY BOY B MUHES	2. DATE AND HOUR OF DEATH
	at boot	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission) A. STATE B. COUNTY
200	(5) anc dea	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION)	27-20
5		INSTITUTION	C. CITY-OR TOWN D. INSIDE CITY LIMITS?
	ng cause; attend ior to	1/2 SINAI HOSPITAL	E. STREET AND NUMBER
70	e p 1 d + i	42	2010 H Romanic Court
	ribu nine gula ed mad	S. SEX 6. RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In yeors If Under 1 Yr. If Under 24 Hrs. Manths; Days Haurs; Min.
	ontrange regulation is m	WIDOWED DIVORCED D	9//3/68
4	0 - 0	dane during most of working life, even if retired)	
9	Und as i	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
	vas in the dec	SAMUEL MUHER	SUSAN
Z	5 + F 5 0	15. Was Deceased Ever in U. S. Armed Farces? 16. SOCIAL	17. INFORMANT ADDRESS
4	the d kind deat nce o	(Yes, no ar unknown) (If yes, give war ar dates of service) SECURITY NO.	CHART
ORT,		TIB. TO SEE OF DEA	TH 1 APPROXIMATE INTERVAL
Q .	f any nced enda d or	DISEASE OF CONDITION DIRECTLY	BETWEEN ONSET AND DEATH
M S	Als	LEADING TO DEATH (This does not mean the made of dying, e.g.,	S A CONSEQUENCE OF:
2 8	er ctur	heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	A CONSEGUENCE OF:
OR	fra gul	ANTECEDENT CAUSES	
CT	S P P P		S A CONSEQUENCE OF:
RE	(3) ex	rise to the above cause (A) stating the UNDERLYING CONDITION last. (C)	
	cal e ns; ((ician ician /as ii	z 7.76 X: II	
AL	burr burr burr hysi n w	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL	
ER .	E>COO	DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A-DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION	20A. AUTOPSY? (Ness of No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFIING CAUSES OF DEATH?
Z 3	y a Bod the the	WAS PERFORMED	100
F	(2) ere ph	OR CONTRIBUTING CAUSE OF home, form, factory, street,	, in ar about 21C. WHERE DID (If in Boltimore City, give exact location) office bldg., INJURY OCCUR?
2	whe No	DEATH (natify medical examiner) etc.) O 21D.TIME (Month) (Doy) (Year) (Hour) 21E, INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
7	hosp natu cept d (6)	While At Not Wh	
	y n xce	22. I certify that (I) (this haspital) attended the deceased fram	9/13 1968 to 9/13 1968
	to the fan (e.)	that (I) (we) last saw the deceased alive an	13 19 68 and that in(my) (aur) apinian death accurred an the date
	0 0 5 -	and haur and fram the causes stated above. (1) (We) (did) (did nat)	
	ased dent ospit deat	23A. SIGNATURE	238. DATE SIGNED
	0.5 5		tending Med. Staff Phys. 9/13/68
		23C. PHYSICIAN'S NAME (Type)	23D. ADDRESS
		24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of C	E POLICATION (CA. ALLANDA)
	5 5 0 0 E	24A. BURIAL CREMATION, REMOVAL (Specify) 24B. DATE 24C. NAME of CEMETERY of C	ALMANDAL CONT. OF TOOLS
		25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	290 FUNERAL DIRECTOR ADDRESS
<u>-</u>	the I show was dece	OCT 8 1960 Place E. tallenna	Z WURTUARY SERVICE - RCHD
		VS 150-REV. 1/1/6B	



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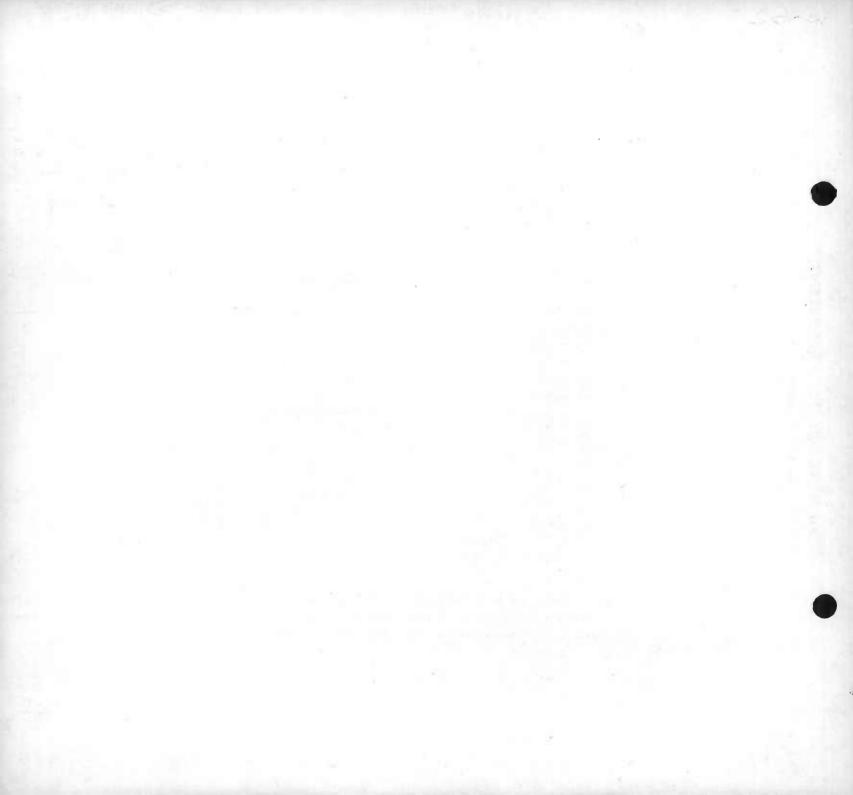
No. of the last of the second SWELL DY LAW ! 87-15-6 140 DIAMENT L Loquies the Resonature in they divise -Arres Frederica Ario. THE STORY SERVICE STREET A SEE ELLE

BIRTH NO. 68 - 13853 1. NAME OF DECEASED (Type or Agint)		2. DATE AND HOUR OF	DEATH 20
(Type or Bint) BABY BOY HARCRAY 3. PLACE IN BALTIMORE, MARYLAND, WHERE I		4. USUAL RESIDENCE (Where deceased liv	ved. If institution: residence before
	INSTITUTION, GIVE STREET	A STATE B. COUNTY MARYIAND BALTIMS C. CITY OR TOWN BALTIMORS E. STREET AND NUMBER 15-29 H 306 Holer Dokes	D. INSIDE CITY LIMITS? YES OMESTEAD ST. #
1/1 0	ARRIED NEVER MARRIED DIVORCED	B. DATE OF BIRTH 7 - 25 - 68 9. AGE (In yellost birthday)	
10A. USUAL OCCUPATION (Give kind of work 10 B. Kildone during most of working life, even if retired)	IND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (State or foreign country) BAITIMORE, MARYI A	12. CITIZEN OF WH.
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
		GAVEE. HARGRAVES	1.00000
15. Was Deceased Ever in U. S. Armed Forchs? (Yes, no or unknown) (If yes, give wor or dates of se	ervice) 1 6. SOCIAL SECURITY NO.	17. INFORM ANT	ADDRESS
18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	(A) IMMEDIATE CA	Aus Comation	APPROXIMA BETWEEN ON!
(This does not mean the made of dying heart failure, asthenia, etc. It means the dinjury or camplication which caused deoth. ANTECEDENT CAUSES	liseose,	Respuratory ar	rest
DISEASES OR CONDITIONS, if any, ise to the above cause (A) statin	3 3	S A CONSEQUENCE OF:	408
UNDERLYING CONDITION lost.	(c)		7.
OTHER SIGNIFICANT CONDITIONS CONTRIBLE TO THE DEATH BUT NOT RELATED TO THE TERM DISEASE OR CONDITION GIVEN IN PART 1 (A)		makere leerth	
198. CONDITION WAS PERFORME	N FOR WHICH OPERATION ED	-	, WERE FINDINGS CONSIDER ING CAUSES OF DEATH?
OR CONTRIBUTING CAUSE OF DEATH (notify medical examines)	21B. PLACE OF INJURY (e.g. home, form, foctory, street, etc.)	office bldg., INJURY OCCUR?	Boltimore City, give exoct locot
21D. TIME (Month) (Doy) (Yeor) (House of INJURY (APPROX.)	While At Not Work At Work		
22. 1 certify that (I) (this hospital) atte	ended the deceased from		9-18
that (I) (we) last saw the deceased oli	9 - 1/7	19. 68 ond that In(my) (aur) apinian deoth occurre
and haur and from the couses stated ab	bove. (I) (We) (did) (did nat)	view the bady after death.	23B, DATE SIGNED
23A. SIGNATURE Maryo Me		Hending Med. Staff Phys. Phys.	9-18-68
23C.PHYSICIAN'S NAME (Type) 24A. BURIAL CREMATION, 24B. DATE		23 D. ADDRESS	DOE ALLEY
	DEGRI		(City, town, or county)
24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify) 9-24-6	24C. NAME of CEMETERY OF C	REMATORY 24D. LOCATION 24D. LOCATION	DICAL SCHOOL



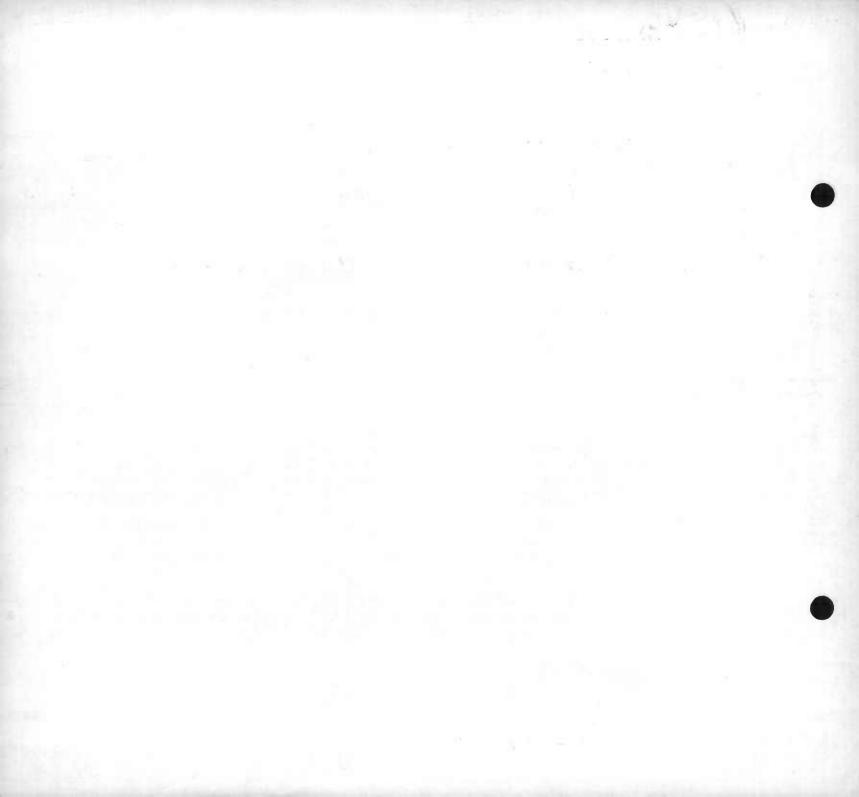
В	68-10 RTH NO. 68 - 1792 0	217	CERTIFICAT			Registered	68-10217
1.	NAME OF DECEASED BABY	Bo	HOBBS			2. DATE OF DEATH 9-23-	
3.	FULL NAME OF HOSPITAL OR ADDRESS OR LOCATION) Which was a control of the control	ORE, MAR	YLAND IVE STREET	c. CIT	AL RESIDENCE (Where decease TE MD, TOB TOWN BALTIMORE EELADDRESS	BALT (If outside city limits	: residence before admission)
5.	SEX 6. COLOR OR RACE		IGLE, MARRIED, DIVORCED (Spec	ify)	OF BIRTH 9. AG lost	E (In years birthdoy)	If Under 1 Year If Under 24 Hearts Months Days Hours Min.
WOL	A USUAL OCCUPATION (Give kind k done during most of working life, e tired)	of 10s. K	ND OF BUSINESS OR IND	OUSTRY 11. BIRT	MARYLAND	гу)	12. CITIZEN OF WHAT COUNTRY? U.S.
13.	FATHER'S NAME BILLIE +	10005		14. MO	PATRICIA	TEVENS	on
	Wos Deceosed Ever in U. S. Armed Forc no or unknown) (If yes, give wor or d		16. SOCIAL SECURITY NO.	17. INFO	RMANT ROSpital chart	4	ADDRESS
RTIFICATION	LEADING TO DEATH (This does not meon the mode of heart foilure, osthenia, etc. It meons injury or complication which countries of the complete of the complete of the countries	dying, e.g. the disease deoth. NY, GIVING TATING THE	(B) DUE T (C)	Resper	starety story Destre	iss Syndso	5 hrs 45 ms
CER	IF OPERATION WAS RELATED TO	19A. DATE	OF OPERATION	198. CONDI	TION FOR WHICH OPERATION		20. AUTOPSY?
NEDICAL	CAUSE OF DEATH, ENTER IN PART I OR PART II 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)	_	21s. PLACE OF INJUR home, form, foctory, stre				YES NO Continuous
~	21D. TIME (Month) (Doy) (Yeor) OF INJURY	(Hour)		NOT WHILE	21s. HOW DID INJURY OC	CUR?	
REA	22. I certify that (I) (this haspit 150m on 9-23 and that in (my) (out) opinion 23a. SIGNATURE ATTENDING PHYS. MED DIRECTO BURIAL, CREMATION, INDIVIDUAL (Specify) 248. DATE	death accept to the state of th	that (I) (we) last 750 mg/s (I) (we) last 750 mg/s (I) (I) (We) last 750 mg/s (I) (I) (I) (I) (I) (I) (I) (I) (I) (I)	E saw the dece E.m., from 238. ADDRESS D. CREMATORY	the causes and an the HE UNION MEN LON MEN LON MEN LON MEN LON MEN LON MEN LOCATIO	date stated obo	9-23-69 , or county) (Stole)
25 A	DATE REC'D BY HEALTH DEPT.	20 6	Lew E. Faul	250	MORTUARY	SERVICE	BC BC
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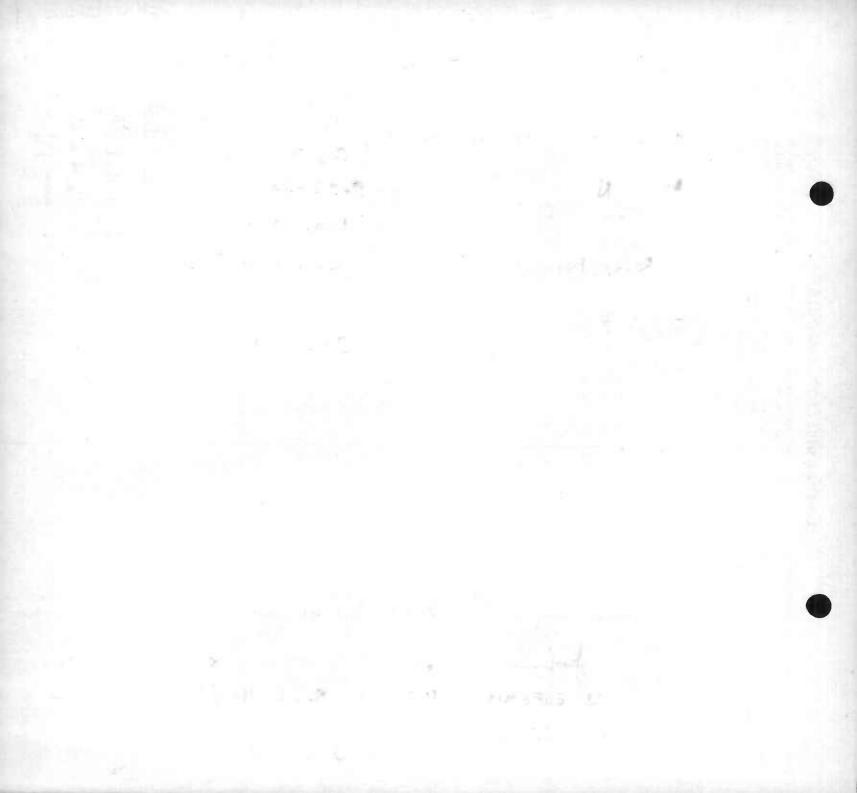


	68-10	220 BALTIMORE CITY	HEALTH DEPARTMENT		00 10000 V
J .	BIRTH NO. 68-17697	CERTIFICA	TE OF DEATH	REG. NO.	68-10220 ×
	Type or Print) Morris	""BOV"	2. DATE AND	HOUR OF DEATH	1:15 PM.
	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRO	DNOUNCED DEAD	4. USUAL RESIDENCE (Where A. STATE B, COUNTY	deceased lived. If insti	tution: residence before odmission)
	FULL NAME OF HOSPITAL OR IN ADDRESS OR LOCATION) 43	ISTITUTION, GIVE STREET	C. CITY OR TOWN B. J.L. E. STREET AND NUMBER	a NC	2/230. E CITY LIMITS? VES U NO NO
ف	South Baltimore G.	ENErah Hos	. 1517 Lig	eht s	2.21
E	S. SEX 6. RACE 7. MARI			AGE (In years	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min,
5	IDA, USUAL OCCUPATION Give kind of work 10B. KIN	D OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign	o country)	12. CITIZEN OF WHAT COUNTRY?
disposition	done during most of working life, even if retired)	EW BORN.	Balto.	md.	
SOO	3. FATHER'S NAME	- 90 100171	14. MOTHER'S MAIDEN NAM		
d siz			Gail	Morris	
	S. Was Deceased Ever in U. S. Armed Forces? Yes, no or unknown) (If yes, give wor or dates of serv	ice) 1 6. SOCIAL SECURITY NO.	17. INFORMANT	, , , , ,	ADDRESS
0 1	18. 7 6 9 64	CAUSE OF DEAT	H		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
remains are embalmed	(This does not mean the mode of dying, head failuse, asthemia, etc. It means the distinguy of complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving the obove cause (A) stating UNDERLYING CONDITION last. 773 5 1	iving DUE TO, OR AS	A CONSEQUENCE OF: A CONSEQUENCE OF:	*,	
ther	▼ DISEASE OR CONDITION GIVEN IN PART 1 (A).	FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No)	20B. IF YES, WERE FIN	NDINGS CONSIDERED
	199. CONDITION WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING	21B. PLACE OF INJURY (e.g.,	in at about 210 WHERE DID		City, give exact location)
betore	OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	home, form, foctory, street, o	ffice bldg., INJURY OCCUR?	(ii iii boliimore v	cny, give exoct foculton,
	21D. TIME (Month) (Doy) (Year) (Hour)	21E. INJURY OCCURRED	21F. HOW DID INJU	RY OCCUR?	
gined	(APPROX)	While At Work			
opt	22. I certify that (1) (this haspital) attend	led the deceased fram		68 to 1:	15 pm 7/2,19 63.
pe	that (1) (we) last saw the deceased alive	. ,		in (my) (aur) apini	an death accurred an the date
must	and hour and from the causes stated above	re. (#) (We) (did) (did	view the bady ofter death.	12	3B. DATE SIGNED
	Rolan & Rosa	teel In M. O Ath	ending Med. S	haff hys.	9/21/68
approval	23C. PHYSICIAN'S NAME (Type)	DEGREE!	23D. ADDRESS		1/01/00
ppr	Robert 1. Rose	MSTEEL DEGREE	ASO. Baltal	GENERA	Lifes you
	24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify)	C. NAME of CEMETPRY OF CR	EMATORY 24D. LOC	AFRICAL (City,	town, of county) (Stote)
written	25A, DATE REC'D BY HEALTH DEPT. 25B. NA	ME OF REGISTRAR	254. FUNERAL DIRECTOR	ELDIVAL .	ADDRESS
- 1	OGT 8 1968 R.C.	& E. Farkeyna	MORTUAR	Y SERVICE	E - BCHB
1	VS 150-REV. 1/1/6B				





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	de de cod	BABY BOY BURKE O	9-2-2-68	
hospital	of of ath.	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceosed lived, If A. STATE B. COUNTY	institution: residence before admission)
hos	ise (5) I and dea	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION)	C. CITY OR TOWN D. IN.	ISIDE CITY LIMIDS?
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.5	uting cause; at cause; r attend prior to le.	42 Sinai Hospital of Baltimore, Inc	E. STREET AND NUMBER 2617 Cyllum	
9	ined ined ular ed pr	5. SEX 6. RACE 7. MARRIED NEVER MARRIED		If Under 1 Yr., If Under 24 Hrs.
3	FBS	WIDOWED DIVORCED		Months Doys Hours Min.
9	ced ris	10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUST		12. CITIZEN OF WHAT COUNTRY?
5	rect or c (4) Under was in the dec		Maryland	U.S.A.
7		13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
	G :	Roger Bernard Butte 15. Was Deceased Ever in U. S. Armed Forces? [16. SOCIAL	Celestine Brisco.	ADDRESS
2	0 0 0 0	(Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO.	N. M. OK.	
2 2	d d d	18-7 7 9 9 1 CAUSE OF DE	ATH	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
٠. ي	den den	DISEASE OR CONDITION DIRECTLY	Can' Fain	SEIWEEN ONSET AND DEATH
E to	Als noun	LEADING TO DEATH (This does not meen the made of dying, e.g., (A) IMMEDIATE (DUE TO, OR	AUSE Cardiac Failure AS A CONSEQUENCE OF:	3 Kours
2 3	ctur ctur pro	heart failure, asthenio, etc. II means the diseose, injury or complicotion which coused death.)		
TOR	mine fraction ho p egul	ANTECEDENT CAUSES (B)		
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- 3	DE ES SE	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING		
ERA	me me y bn phy an	TO THE DEATH BUT NOT RELATED TO THE TERMINAL		
	عدره و ع	DISEASE OR CONDITION GIVEN IN PART 1 (A).	The state of the s	
Z 3	t sich da	DISEASE OF CONDITION GIVEN IN PART 1 (A). 199. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WER	E FINDINGS CONSIDERED AUSES OF DEATH?
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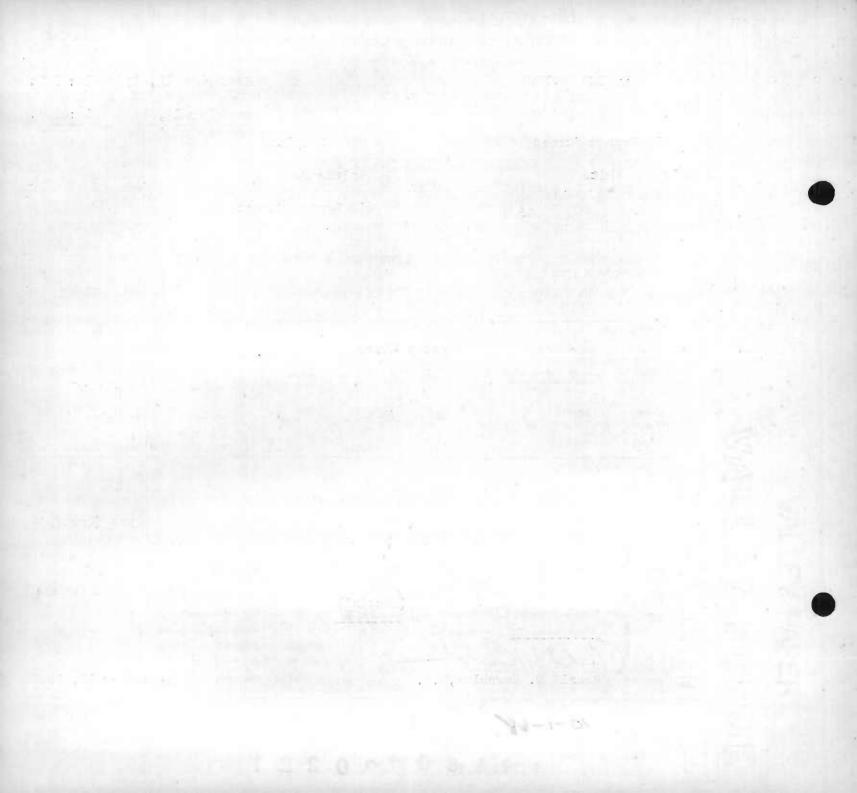
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68-10224 BALTIMORE CITY HEALTH DEPARTMENT
MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO. 68-10224

BIRTH NO.	KEG. NO.
1. NAME OF DECEASED (Type or Print) BERNICE HOFFMAN	2. DATE Knawn Manth Day Year Haur OF Estimated September 14, 1968 10:45 A.M.
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	3. DATE Month Day Yeor Hour
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) OR INSTITUTION	PRONOUNCED DEAD September 14, 1968 10:45 A.M.
610 Lennox Street	S. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY
6. SEX Female 7. RACE White White Widowed Divorced D	C. CITY OR TOWN Baltimore D. INSIDE CITY LIMITS? YES YES YES NO 30
9. DATE OF BIRTH 10. AGE (In years If Under 1 Yr. If Under 24 Hrs. lost birthdoy) 45	610 Lennox Street
11. BIRTHPLACE(State ar foreign cauntry) 12. CITIZEN OF WHAT COUNTRY?	13. FATHER'S NAME
14A. USUAL OCCUPATION (Give kind of wark 14B. KIND OF BUSINESS OR INDUSTR' dane during most of warking life, even if retired)	15. MOTHER'S MAIDEN NAME
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) ((If yes, give wor or dates af service)	1B. INFORMANT ADDRESS
19. CAUSE OF DEA	TH APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY Fatty Li	ver
LEADING TO DEATH (A)IMMEDIATE	
heart loilure, asthenio, etc. It means the disease, injury ar camplication which caused death.)	AS A CONSEQUENCE OF:
ANTECEDENT CAUSES (B)	
DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO, OR	AS A CONSEQUENCE OF:
RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C)	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W	
20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W	AS PERFORMED 21. AUTOPSY? (Yes or No)
02	yes (Partial)
22A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB. home, farm, factory, street, affice uting Cause of Death.	in or about 22C. WHERE DID (If in Baltimore City, give exact location) in DIURY OCCUR?
22D. TIME (Month) (Day) (Year) (Hour) 22E.INJURY OCCURRED OF INJURY	22F. HOW DID INJURY OCCUR?
	rtial) tapsy 🐒 and that on this basis, death In my opinion
resulted from: Notural couses X Accident Suici	de Homicide Undetermined manner
ACTUAL Rosed UKanble	CHIEF MEDICAL EXAMINER DATE SIGNED ASSISTANT MEDICAL EXAMINER
EXAMINER'S Ronald N. Kornblum, M.D. NAME (Type)	ASSOCIATE MEDICAL EXAMINER September 15, 1968
24A. BURIAL CREMATION, REMOVAL (Specify) 24B. DATE 24C. NAME of CEMETERY	or CREMATORY 24D. LOCATION (City, town, or county) (State)
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR ADDRESS ADDRESS COMBRESS ADDRESS
VS 151-REV. 1/1/6B	/ HORD



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MEDICAL EVAMINED'S CEDTIFICATE OF

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(Type or Print)		AWREMO	E MOS	SELY	OF DEATH	Estimoted		ember 2		
4. PLACE IN BA	LTIMORE, MA	RYLAND, W	HERE PRO	NOUNCED DEAD	3. DATE		Month	Doy	Yeor	Hour
FULL NAME OF	(IF NO	TIN HOSPITA	L OR INSTIT	UTION, GIVE STREET	PRONO	UNCED DEAD	Sent	ember 2	1. 1968	7:55 P.M
OR INSTITUTION	ADDRE	.33 OR LOCA	non,			ESIDENCE (Where		ived. If institutio		
- No. 14	Mercy F	lospita	1	(DOA)	A. STATE	Maryland		B. COUNTY		
6. SEX	7. RACE		8. MARRIE	D NEVER MARRIED	C. CITY OF	RTOWN		D. INSIDE C	ITY LIMITS?	Es d
Ma1e	Neg	ro	WIDOWE			Baltimore	9	Y	ES K	NO.
9. DATE OF BIR	TH	10. AGE (In	yeors	f Under 1 Yr. If Under 24 Hrs. Nonths; Doys, Hours, Min.	E. STREET	AND NUMBER				
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11. BIRTHPLACE	(State or foreig	n country)	.1:	CITIZEN OF WHAT COUNTRY?	13. FATHER	'S NAME				
				WHAT COUNTRY:						
14A.USUAL OCC			14B. KIND	OF BUSINESS OR INDUSTR	15. MOTHE	R'S MAIDEN NA	WE			
16. WAS DECEA (Yes, no or unknow	SED EVER IN n)(If yes, give v	U.S. ARMED	of service)	17. SOCIAL SECURITY NO.	18. INFOR	MANT		A	DDRESS	
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19.	66 K			CAUSE OF DEA	TH					ROXIMATE INTERVAL EEN ONSET AND DEATH
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UNDERLYIN	G 🖾 OR CON	TRIB-	h	ome, form, foctory, street, offic	e bldg., etc.)	NJURY OCCUR?				5-01
≥ 22D. TIME	(Month) (D	Ooy) (Yeor	·) (Hour)	house 22E.INJURY OCCURRED		31 N. Aisc			- Apt 3	
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SIGNA		un)).	Logel M.C	ASS	ISTANT MEDICAL E	EXAMINER	X		DATE SIGNED
EXAMII	VER'S Ch	arles	S. Spi	cingate, M.D.		OÇIAȚE MEDICAL E	XAMINER	☐ Se	ptember	22, 1968
NAME	(Туре)				AN	20V	LOCATION		MARK.	LAND
24A. BURIAL CRI REMOVAL (Spe	cify)	4B. DATE	,	24C. NAME of CEMETERY	OF CKEMAII	24D.	LOCATION	(City, tow	n, or county)	(Stote)
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25A. DATE REC'I	BY HEALTH	DEPT.	25B. NA	ME OF REGISTRAR	25C.	FUNERAL DIRECTO	OR		ADDRESS	CHD

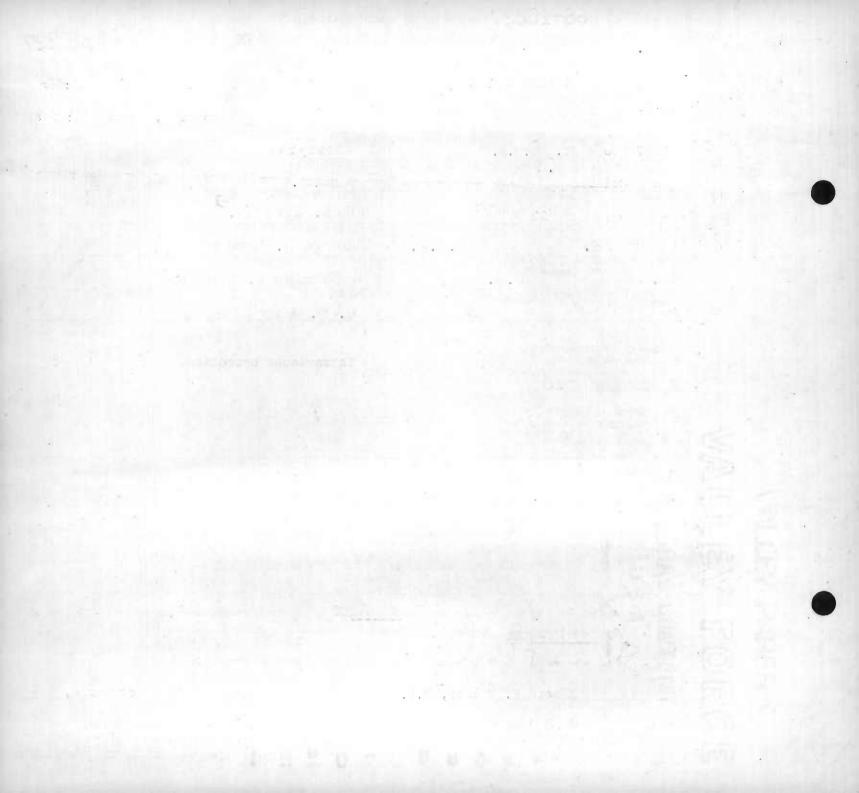
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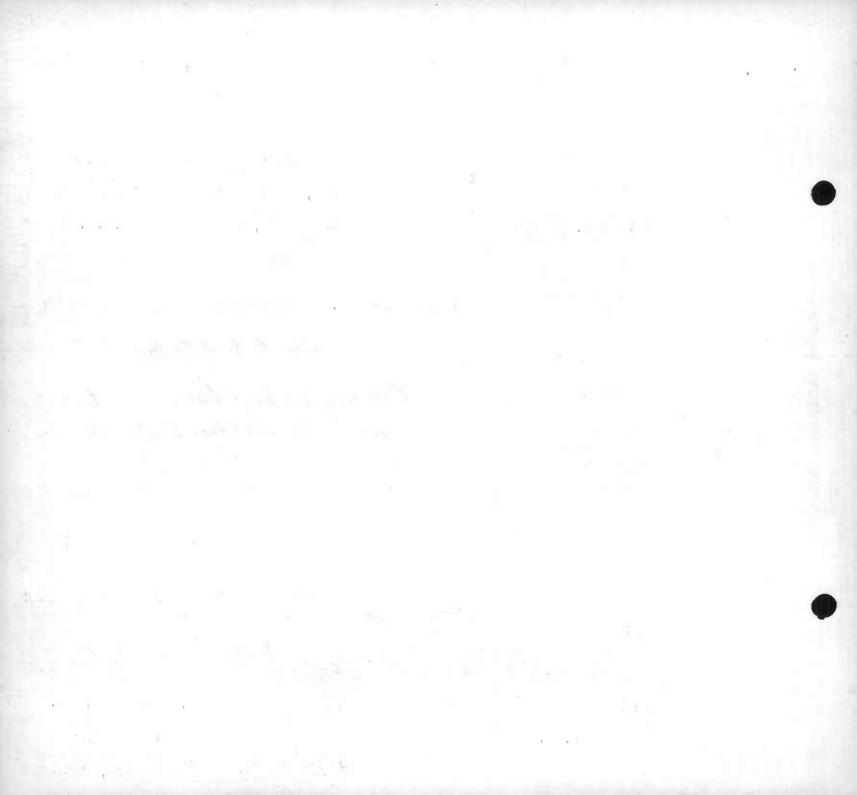
1 68-10227 BALTIMORE CITY HEALTH DEPARTMENT

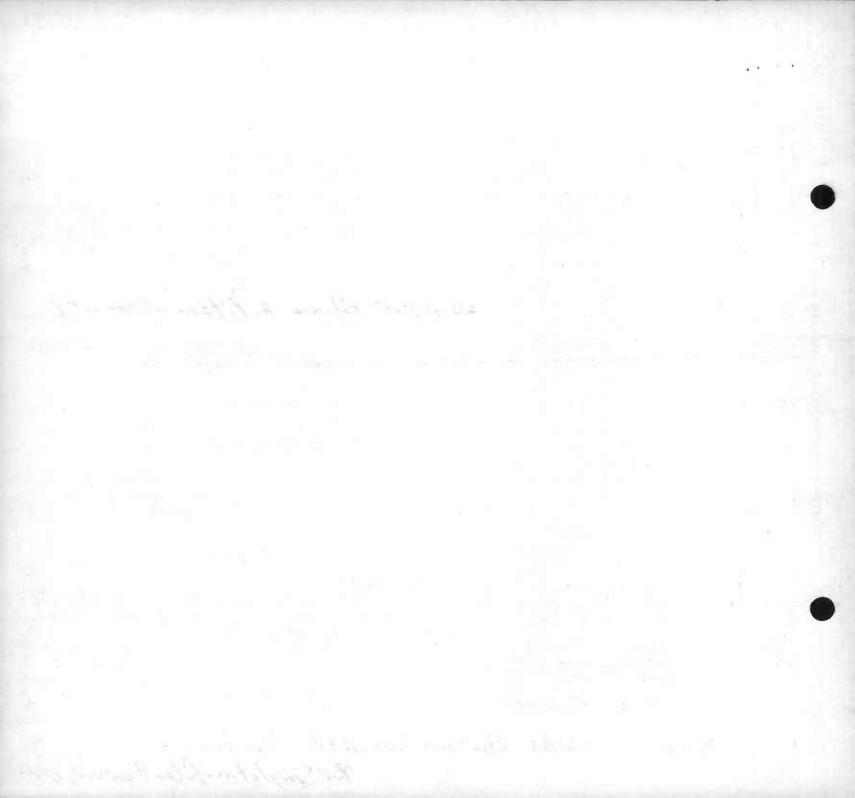
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Jan. 15	10. AGE (In years last birthday) 22	If Under 1 Yr. If Under 24 Hrs. Manths, Doys, Haurs, Min.		ND NUMBER E. 23rd	St.			
Baltimore		12. CITIZEN OF WHAT COUNTRY?	13. FATHER'S	s NAME rge A. (Gordon			
4A.USUAL OCCUPATION (ane during most of warking life PIC.	, even if retired)	S. Army		erine v		ston		
6. WAS DECEASED EVER Yes, na or unknown) (If yes, gir Yes	IN U.S. ARMED FORCE	ES? 17. SOCIAL SECURITY NO. 212 44 554	B. INFORM	S. ARmy	Reco		DDRESS	PROXIMATE INTERVAL
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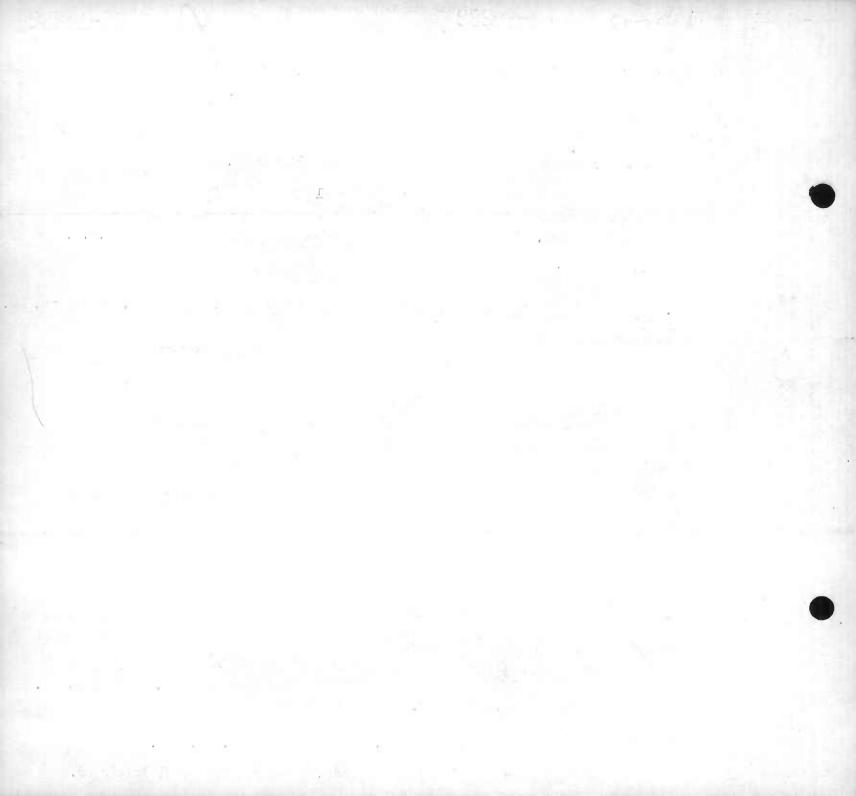


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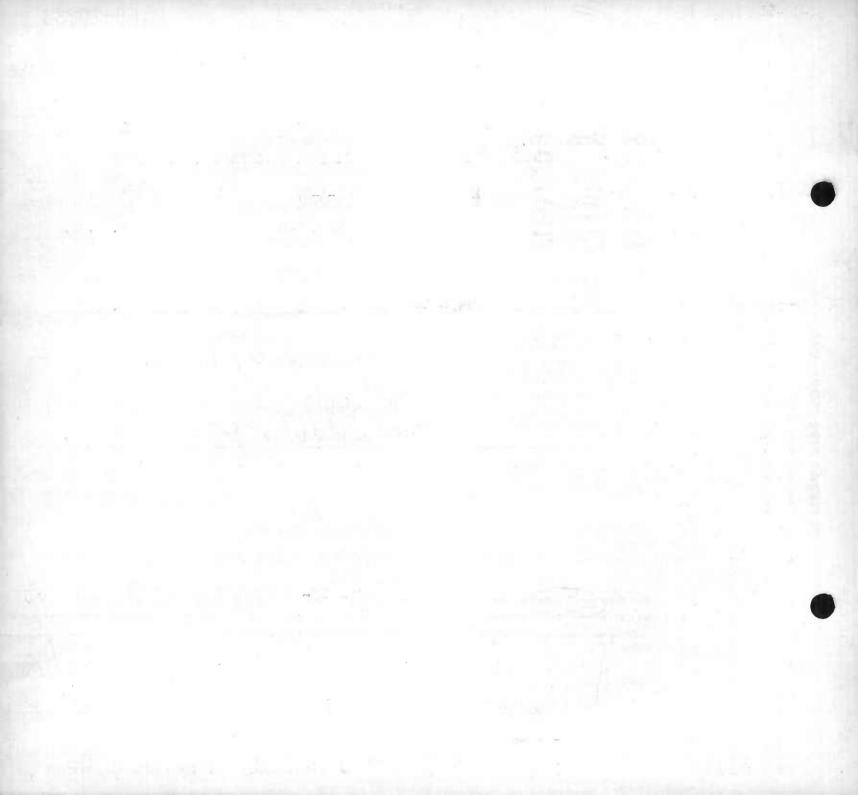
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± + 0 0 €	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	OCT. 5, 1968 3 PM 14. USUAL RESIDENCE (Where deceased lived, It institution; residence before admission)			
		A. STATE B. COUNTY	6 53-00		
hosp ise (5) and	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION)	Maryland Baltimore & 3 3 10 C. CITY OR TOWN D. INSIDE CITY LIMITS?			
	INSTITUTION	C. CITY OR TOWN			
2 2 4 5	Baltimore City Hospitals	E. STREET AND NUMBER	YES NO X		
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th colling in received	IOA, USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?		
or condet ndet s in dec	Auto Mechanic Ret.	North Carolina	U.S.A.		
de de de	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME			
~ ÷ 9 € ≯ ± g	Wesley Hines	Barbara Deal			
— I' F C —		17. INFORMANT	ADDRESS		
stan ind; eatl	15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or doles of service) 16. SOCIAL SECURITY NO.		# 21224		
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by a med 2) Body bure the phy physician fore the re	■ ✓ IDISEASE OR CONDITION GIVEN IN PART 1 (A).	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERI	FINDINGS CONSIDERED		
3000	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	YES IN CERTIFYING Y	LUSES OF DEATH?		
phy fore	U 21A. ACCIDENT WAS UNDERLYING! 21B. PLACE OF INJURY (e.g.	in or about 21 C. WHERE DID (If in Boltim	ore City, give exact location)		
ere efo	OR CONTRIBUTING CAUSE OF home, form, foctory, street, etc.)	office bldg., INJURY OCCUR?			
pital b re; (2) where No pl	0	215 How big house			
atur pt v (6) ned	OF INJURY	21F. HOW DID INJURY OCCUR?			
axcept and (6)	(APPROX.)		1 4		
y x x x x x x x x x x x x x x x x x x x	22. I certify that (15 (this haspital) attended the deceased fram	9/28 1969 10	10/5 1968		
50.0	that (4) (we) last saw the deceased alive an 10 5 &	(Q'	pinian death accurred an the date		
of of the period			and the desired on the date		
sea re int of ipital eath) ust be	and haur and from the causes stated above. (#) (We) (did) (did not)	view the bady after death.	23B. DATE SIGNED		
dent of ospital death)	23A. SIGNATURE	tending Med. Staff	23B. DATE SIGNED		
W .= C ^	almand lenge let DEGREE PI	lys. Director Phys.	10/5/68		
1 a	23C. PHYSICIAN'S NAME (Type)	23D. ADDRESS 4940 Eastern Ave	. Baltimore, Md.		
An at prior	LEGULAGE Emission MD	Baldman City Hoses.	Tel # 21224		
-	24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of C		City, town, or county) (State)		
D.O. ased	REMOVAL (Specify)				
was D.O. deceased written a	Burial 10/8/68 Holly Hill Cem 25A. DATE REC'D BY HEALTH DEPT. 2SB. NAME OF REGISTRAR	Balto Co M	d.		
was was dece	25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	2SC. FUNERAL DIRECTOR	ADDRESS		
₹ ₩ 3 ₽ 3	861 8 1908 (11 Cust to all the line)	? Lasan Funeral Home 740	l Belair Rd.		



MAS !	50-18-51	R-2-03 68-10233 CEPTIFICATE OF DEATH REG. NO. 68-1023	23
	Dec o E	68-10233 CERTIFICATE OF DEATH REG. NO. 68-1023	0/
	of death Of death Deceased e on the	T, NAME OF DECEASED GPACE ROSS 2. DATE AND HOUR OF DEATH 68 3	1/ an.
		3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where decembed lived. If institution: residence before A. STATE B. COUNTY	odmission)
	hosp se (5) anc dec	HOSPITAL OR ADDRESS OR LOCATIONI GUESTREET MARYLAND CUTY OR TOWN	
	a horanse; (5 se; (5 andan	INSTITUTION BALTIMORE CITY HOSPITALS C. CITY OR TOWN BALTIMORE D. INSIDE CITY LIMITS? VES TO THE PROPERTY OF THE PROPERTY O	15
		3 / 4940 EASTERN AVE. E. STREET AND NUMBER	
	ting d cau r att prior	BALTIMORE NARYLAND 21224 2101 W. COLDSPRING LANE 21209	
	ccurr ntribu mine gula sed mad	S. SEX 6. RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years tost birthday) NEGRO NEGRO NEVER MARRIED 3-4-87 81 NEGRO NEGRO NEVER MARRIED NEVER MARRIED 16. Days Hours NEGRO NEVER MARRIED 17. If Ur Months Days Hours NEGRO NEVER MARRIED NEVER MARRIED 18. DATE OF BIRTH 9. AGE (In years tost birthday) Never Married Never Married 19. AGE (In years tost birthday) Never Married Never Married 19. AGE (In years tost birthday) Never Married Never Married Never Married 19. AGE (In years tost birthday) Never Married Never Married 19. AGE (In years tost birthday) Never Married Nev	nder 24 Hrs. Min.
	con con con re-	10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT	COUNTRY?
	or on det	unknown U. S. A.	
	if de rect (4) Ur was the sposi	13. FATHER'S NAME	
	F + i er + i er i er i er i er i er i er	unknown unknown	
	assistantif the diny kind; d death	15. Wos Deceosed Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dotes of service) 16. SOCIAL SECURITY NO.	
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	0 0 0 0	18. CAUSE OF DEATH CAUSE OF DEATH APPROXIMATE BETWEEN ONSE	
	or his Also, e of a nounc atten	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A) IMMEDIATE CAUSE (A) IMMEDIATE CAUSE (A) IMMEDIATE CAUSE	
	0 7 5 0 7	(This does not mean the made of dying, e.g., heart failure, asthenia, etc. It means the disease,	
	ECTOR: examiner xaminer) A fractu who pro regular are emba	injury or camplication which coused death.)	
	TT am am ho ho ho ho ho ho ho ho ho ho ho ho ho	ANTECEDENT CAUSES (B) TUD THE TOTAL CONSTRUENCE OF	
	S = 0 C = E &	DISEASES OR CONDITIONS, if any, giving rise to the above couse (A) stating the UNDERLYING CONDITION last.	***************************************
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	A ready a	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	***
	FUNER te chief by a m 2) Body re the p physicial	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes of Not lin Certifying Causes of Death?)	•
	FU the tal by there (2) here before	U 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID home, form, foctory, street, office bldg., INJURY OCCUR? Etc.) 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID home, form, foctory, street, office bldg., INJURY OCCUR?	n)
	hospi nature ept w d (6) l	21D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURED White At Not While At Work Not While At Work	10
N	pro the ny exc an	22. I certify that (I) (this hospited) ottended the deceosed from 190 to 1-2	1960,
	ap to to fa al (h);	that (1) (we) ost sow the deceased alive on 19 0 and that in (my) (aur) opinion death occurred	on the dote
	sed ent pite eatl	ond hour ond from the couses stoted obave. (I) (We) (did) (did nat) view the body ofter deoth. 23A, SIGNATURE	-
	ust ease ider ider o de	Attending Med. Stoff X	118
	relacce acceleracce	23C. PHYSICIAN'S DEGREE Phys. Director Phys Phys Phys Director Phys Phys Phys Phys Phys Phys Phys Phys	100
	was r was r An a A. at a prior	NAME (Type) SET, CORDOVA GO (1941) astern Outsme Balt	8 MD
	A D D D D D D D D D D D D D D D D D D D	24A. BURIAL CREMATION, REMOVAL (Specify) 24B. DATE 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION (City, lown, or county)	(Stotel
	F 10 0 0 C	BIRIAL IO-8-68n Sacred Heart of Jesus Baltimore, Maryland	
	This cer the bod shows: was D.(decease	25A. DATE REC'D BY HEALTH DEPT. 258 NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS	
	₹ ± 2 ₹ 2 ₹	Walter Dabrowski IOO5 Dindalk Aven	ue



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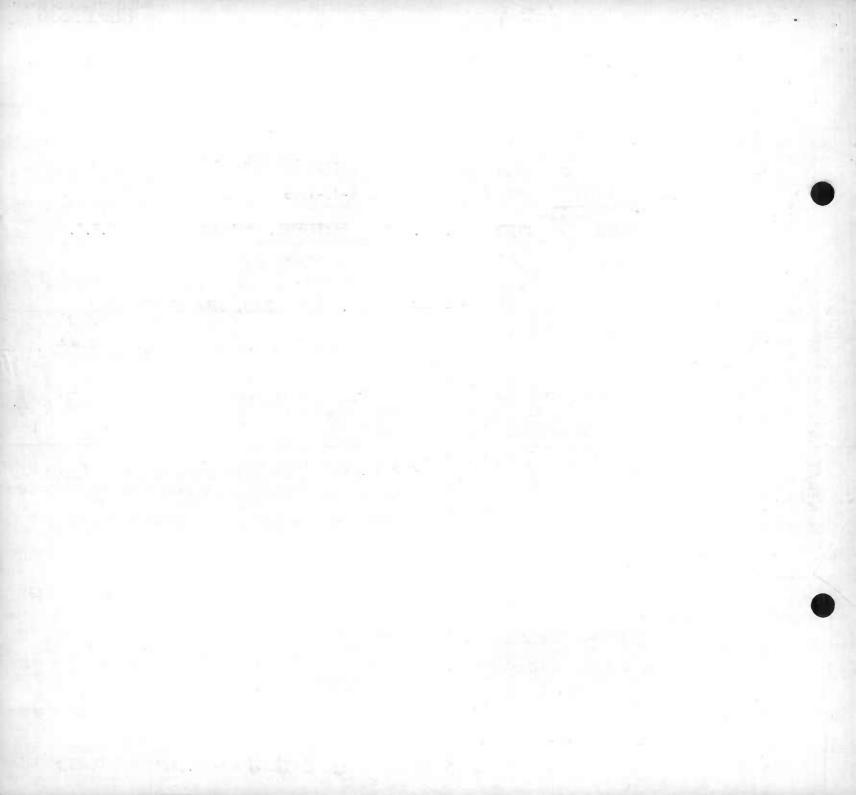
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00	CO	-1023	00	HEALTH DEPARTMENT		68-10236
BIRTH NO.	00	-Ince	CERTIFICA	TE OF DEATH	REG. NO	00 10200
Type or Print)	Cohen	Ben	lamin	2. DATE	AND HOUR OF DEAT	910 A
3. PLACE IN BAL	TIMORE MARYLAND, W	HERE PRONO	UNCED DEAD		Vhere deceased lived. If	institution: residence before admissi
FULL NAME OF HOSPITAL OR INSTITUTION	(IF NOT IN HOSPIT ADDRESS OR LOCA	AL OR INSTITATION)	UTION, GIVE STREET	MARY LAND C. CITY OR TOWN BALT I MORE		NSIDE CITY LIMITS? YES NO NO
SINAI	HOSPITAL			E. STREET AND NUMBER	₹	
400	1100121110			3806 EGERT	ON ROAD	,
. SEX	6. RACE	7. MARRIED	NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 H Months: Doys Hours Min.
MALE	WHITE	WIDOWED		9-15-1893	75	Monnis Doys Hours Mills
A. USUAL OCC	UPATION (Give kind of wor	10B. KIND O	F BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or		12. CITIZEN OF WHAT COUN
one during most of UNDERW	working life, even il retired) IDTTFD	UNITED	INS. COMPANY	BALTIMORE.	MADVIAMO	U.S.A.
3. FATHER'S NA		MILIED	IND. CUMITANY	14. MOTHER'S MAIDEN I		u.J.A.
	L COHEN			MINNIE R	TVA	
	Ever in U. S. Armed For	rces?	1 6. SOCIAL	17. INFORMANT	A # 7 %	ADDRESS
es, no of unknown	(If yes, give wor or dote	es of service)	SECURITY NO.	IIII WANTANI		
NO			215-10-4969	MRS. CELIA COH	IEN. 3806 EGE	ERTON ROAD
OTHER SIGNIF	FICANT CONDITIONS CO TH BUT NOT RELATED TO T CONDITION GIVEN IN PAI	INTRIBUTING THE TERMINAL RT 1 (A).	(c) Heart	block i ci	ternal pares	maker 6 grs.
19A. DATE OF	F OPERATION 198. CON WAS PER		WHICH OPERATION	20 A. AUTOPSY? (Yes or	IN CERTIFYING	RE FINDINGS CONSIDERED CAUSES OF DEATH?
OR CONTRIBE	NT WAS UNDERLYING DUTING CAUSE OF medical examiner)	21 hor etc	me, form, foctory, street, o	ffice bldg., INJURY OCCUR	(If in Boltin	nore City, give exact location)
21 D. TIME OF INJURY (APPROX.)	(Month) (Doy) (Year)	W	hile At Not Whi	le 🗖	INJURY OCCUR?	
that (f) (we)	thot (1) (this haspita) last saw the decease	ed alive an.	10/6			pplnion death occurred on the a
	Λ.	ted obave. ((1) (We) (did) (did not)	view the bady ofter dec	th.	DOD DATE CICHED
23A. SIGNATU	2 11) to	1.1.	On An	ending Med.	Staff	23B, DATE SIGNED
m	- 4	e Mon	M. LDEGREE Phy	s. Director	Phys. LL	10/6/68
PHYSICIA NAME (1	TWAILD R	. FRIE	FIMAN Miggain	Sinai Hop	ital of Bo	eltimore, mel.
4A. BURIAL CRE	MATION, 24B. DATE	24C. N	AME of CEMETERY OF CR	EMATORY #40	LOCATION	(City, town, or county) (State
BURIAL		8 BET	H YEHUDA ANSHE	KURLAND	BALTIMORE. MA	ARVIAND
SA. DATE REC'D	BY HEALTH DEPT.	25B NAME	OF REGISTRAR	25C. FUNERAL DIREC	TOR	ADDRESS

OL TEVINSON & BROS., 6010

4000



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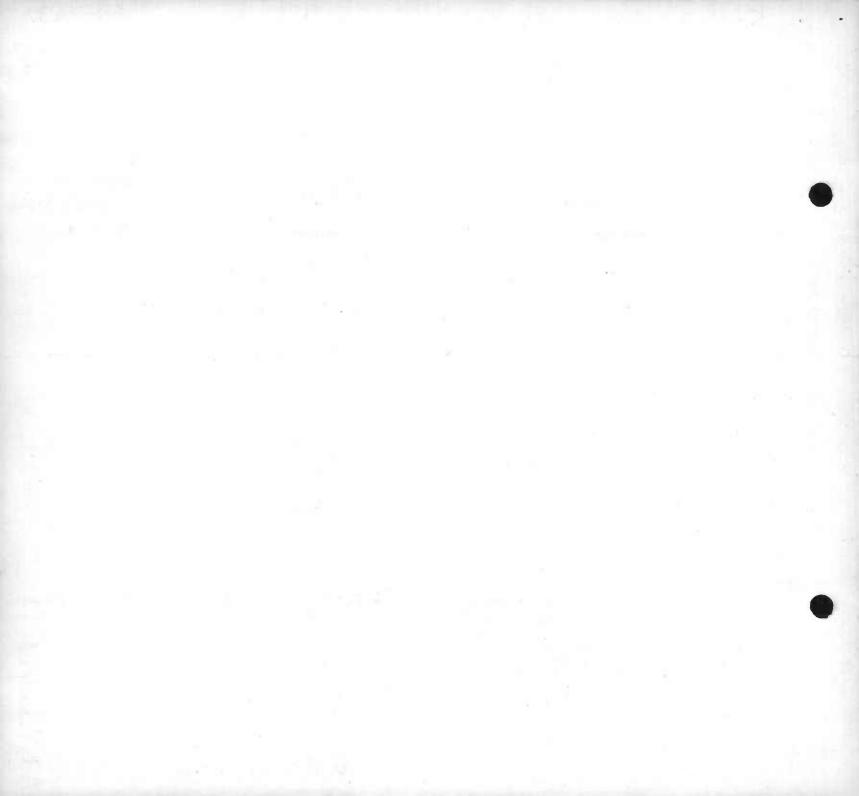
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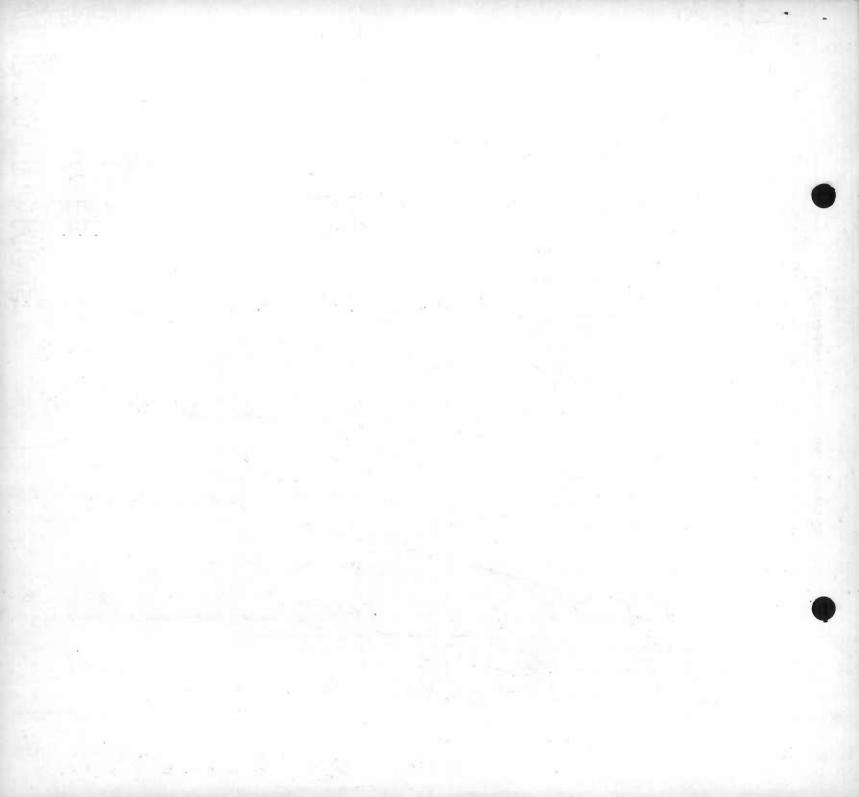
IMPORTANI

DIRECTOR:

FUNERAL

68-10237 4. USUAL RESIDENCE (Where deceased lived, If institution: residence D. INSIDE CITY LIMITS? YES X NO Il Under 1 Yr. Months: Doys If Under 24 Hrs. Hours 12. CITIZEN OF WHAT COUNTRY? ADDRESS 3309 SOUTHGREEN ROAD APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (II in Boltimore City, give exoct location) 19 GPand that in (my) (aur) apinian death accurred on the date 23B. DATE SIGNED (City, town, or county) (State) ADDRESS VS 150-REV. 1/1/68





a hospital and

00	BALTIMORE O	CITY HEALTH DEPARTMENT		68-10239
2) 68	3-10239 CERTIFIC	CATE OF DEATH	REG. NO	20200
BIRTH NO.			D HOUR OF DEATH	
1. NAME OF DECEASED	H. MINKEN		ER 5, 190	1 1 -
3. PLACE IN BALTIMORE MARYLAND.		4. USUAL RESIDENCE (When	e deceased Tived. If i	
		A. STATE B. COUN	TY	1 4
FULL NAME OF (IF NOT IN HOSF ADDRESS OR LO	PITAL OR INSTITUTION, GIVE STREET	Maryland	In this	1/2/
NSTITUTION		C. CITY OR TOWN	D. IN	SIDE CITY LIMITS?
University Hosp	pital	Baltimore E. STREET AND NUMBER		YES NO
38		1101 N. Ca.	lvert Str	eet
SEX 6. RACE	7. MARRIED NEVER MARRIED		9. AGE (In years last birthday)	If Under 1 Yr. If Under 24 Hr Months! Days Haurs Min.
Male Gerhate	WIDOWED DIVORCED		61	
OA, USUAL OCCUPATION (Give kind of w		STRY 11. BIRTHPLACE (State or forei	gn country)	12. CITIZEN OF WHAT COUNT
ane during mast of working life, even if retired	clothing ind	nstry B.I.	Providence	USA
Manufacture 3. FATHER'S NAME	0200111116 1110	14. MOTHER'S MAIDEN NAM		USA
	,		~	
Jacob Mi		Ida	?	
5. Was Deceased Ever in U. S. Armed I Yes, na ar unknown) (If yes, give war ar de	Farces? ates of service) 16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
No		Mrs Inma Minh	on 1101 N	Calvert Street
18. 24 10.01	CAUSE OF D		Cro TIVI N.	APPROXIMATE INTERVAL
DISEASE OR CONDITION I				BETWEEN ONSET AND DEA
LEADING TO DEAT	H	WAL CARDIAC A	TRKEST	1hr.
(This does not mean the mode	of dying, e.g., (A) IMMEDIATE DUE TO Of	CAUSE R AS A CONSEQUENCE OF:		
heart failure, asthenia, etc. It mea- injury or camplication which caus	ns the disease,			
ANTECEDENT CAUS			~ /	141-6-
	(B) COM	SCESTIVE Heart	todare	14days
rise to the above couse (A) alating the			
UNDERLYING CONDITION last.	(c) ACH	TEMYOCARDIAL IN	FARCT AN	T 14 days
42011	, -, -			7
OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING	NSIVE CUDE RE	TIMORATLU	1 10 4000
TO THE DEATH BUT NOT RELATED TO	THE TERMINAL HYPERTE	NSINE CUD C KE	THUUFITAY	10 1890
19A. DATE OF OPERATION 19B. CO	ONDITION FOR WHICH OPERATION	20 A. AUTOPSY? (Yes or No	20B. IF YES, WERE	FINDINGS CONSIDERED
WAS P	ERFORMED	NO	IN CERSIPTING C	AUSES OF DEATH!
21A. ACCIDENT WAS UNDERLYING	21B. PLACE OF INJURY	e.g., in ar about 21 C. WHERE DID	(If in Baltimo	re City, give exact lacation)
OR CONTRIBUTING CAUSE OF DEATH (natify medical examiner)	etc.)	t, affice bldg., INJURY OCCUR?		
D 21D.TIME (Manth) (Day) (Yea	ar) (Haur) 21E. INJURY OCCURRED	21 F. HOW DID INJ	URY OCCUR?	
OF INJURY		While -		
(APPROX.)	Wark L At V	Vark		11
22. I certify that 11 (this hospit	tol) ottended the deceased from_	Sept 23	19 68 10 00	tole 13 1968
	ised alive on October		of in (max) (qur) on	inion death occurred on the d
		, , , , , , , , , , , , , , , , , , , ,		
23A. SIGNATURE	toted above. (1) (**********************************	wiew the body offer deoth.		23B. DATE SIGNED
		Attending Med.	Staff .	8 -f 5 10 CC
the Mayer	henry, M.D DEGREE	Phys. Director L	Phys.	UCT, 5, 1760
23°C. PHYSTCIAN'S NAME (Type)		23D. ADDRESS	1	1 1 /
Joel Mayer Cher	rry, M.D.	Monney et	5 Homes +	al Booto Mc
24A. BURIAL CREMATION, 24B. DATE	24C. NAME of CEMETERY of	CREMATORY 24D. U	OCATION	City, tawn, ar caumy) (State)
REMOVAL (Specify)		/		
Burial 10/6/1	968 Bnai Israel (M	ishkon Israel Sect	ion) Balti	more, Maryland
25A. DATE REC'D BY HEALTH DEPT.	258. NAME OF REGISTRAR			111-1-1191-1
	よるからいいしょうというこう	SOR LEVILLEON	a bros. Inc	. 6010 Reist. Rd.

VS 150-REV. 1/1/68



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FUNERAL DIRECTOR:

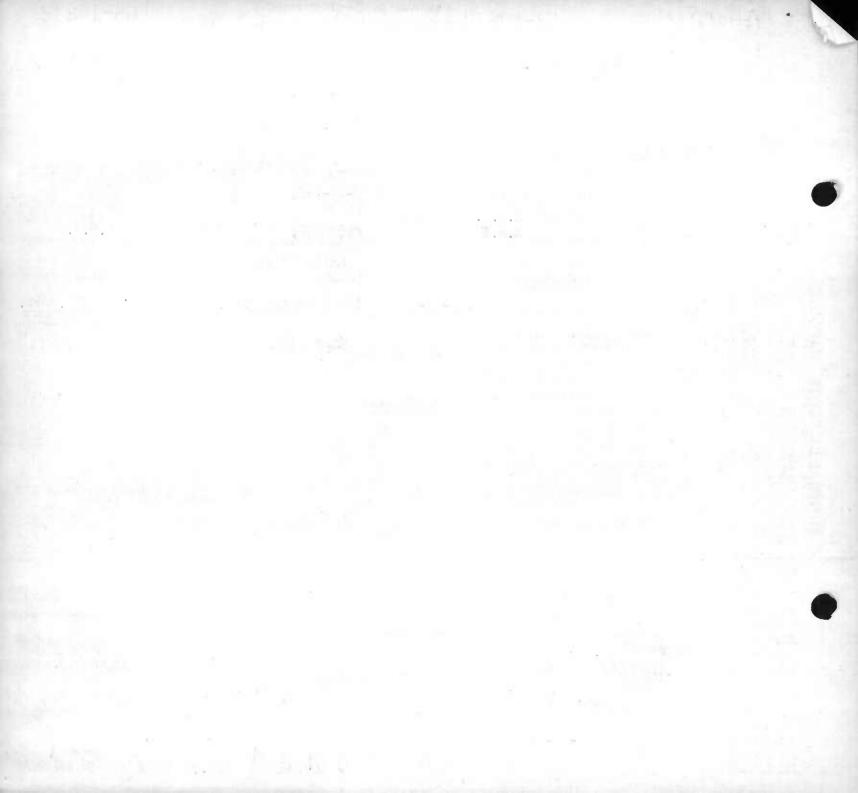
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M	2. DATE AND	HOUR OF DEATH
68-10241	CERTIFICATE OF DEATH	REG. NO. 68-11
00 40048	BALTIMORE CITY HEALTH DEPARTMENT	1 00 41

68-10 BIRTH NO.	0 4 5	TE OF DEATH	REG. NO	68-10241
Type or Print)			D HOUR OF DEAT	1
kern, Howard M.D.		10/7		11:45 A
3. PLACE IN BALTIMORE, MARYLAND, WHERE PR		A. STATE B. COUN		f institutian; residence befare odmissia
HOSPITAL OR ADDRESS OR LOCATION)		C. CITY OR TOWN	D. II	NSIDE CITY LIMITS?
A Sinai Hospital		Baltimore E. STREET AND NUMBER		YES NO 🚣
Ta		3905 Naylors	Lane	
Male White WIDO	RIED NEVER MARRIED DIVORCED		9. AGE (In years last birthday)	If Under 1 Yr. If Under 24 H Months Days Hours Min.
OA. USUAL OCCUPATION (Give kind of work 10 B. KIN				12. CITIZEN OF WHAT COUNT
ane during most of warking life, even if retired) Surgeon	hysician	Memphis, Ten	in.	U.S.A.
3. FATHER'S NAME		14. MOTHER'S MAIDEN NAM	ΛE	
Henry M. Kern		Beatrice	?	
. Was Deceased Ever in U. S. Armed Farces?	1 6. SOCIAL	17. INFORMANT		ADDRESS
es,na ar unknawn) (If yes, give wor or dates of serv	ice) SECURITY NO.	Mrs. Mildred Ke	rn, 3509 N	Naylors Lane
ANTECEDENT CAUSES DISEASES OR CONDITIONS, if ony, gi rise to the obove couse (A) stoling UNDERLYING CONDITION lost. 11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTE TO THE DEATH BUT NOT RELATED TO THE TERMI	(c)	y artery disease A CONSEQUÊNCE OF:		
DISEASE OR CONDITION GIVEN IN PART 1 (A).		100 A / M	N 000	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE DEATH BUT NOT RELATED TO THE TERMID DISEASE OR CONDITION GIVEN IN PART 1 (A). 194. DATE OF OPERATION 198. CONDITION WAS PERFORMED		20A. AUTOPSY? (Yes ar Na	IN CERTIFYING	RE FINDINGS CONSIDERED CAUSES OF DEATH?
2TA. ACCIDENT WAS UNDERLYING DEATH (notify medical examiner)	21B. PLACE OF INJURY (e.g., i hame, farm, factory, street, o etc.)	ffice bldg., INJURY OCCUR?	(If in Baltin	mare City, give exact location)
21D. TIME (Manth) (Day) (Year) (Hour) OF INJURY (A PPROX.)	21E, INJURY OCCURRED While At Nat While Wark At Wark		URY OCCUR?	
22. I certify that (I) (this transition) attended that (I) (this transition) attended to the total last sow the deceased alive and hour and from the causes stated above 23A. SIGNATURE	on October 7 ve. (IXPOE) (did) (did not) v	19_68ond the		ppinion deoth occurred on the d
Samuel Whitehouse, M.D A. BURIAL CREMATION, 248. DATE REMOVAL (Specify) 24	DEGREE C. NAME of CEMETERY or CR	3900 North		City, tawn, ar caunty) (State
BURIAL 10-9-68 (OHEB SHALOM		LTIMORE, N	
A. DATE REC'D BY HEALTH DEPT. 258. NA	ME OF REGISTRAR	25C. FUNERAL DIRECTOR	BROS. 601	10 REISTERSTOWN ROA



5	68-	10242 GEDELLIMORE	CATE OF DEATH	REG. NO.	68-10242
BIRTH NO.	00	CERTIFI	CATE OF DEATH		
Type or Print)		ABRAMSON		10/6/68	805
3. PLACE IN BALTIMO	ORE, MARYLAND, WHE	RE PRONOUNCED DEAD	4. USUAL RESIDENCE (W A. STATE B. COL	LATTY .	institution: residence before admis
FULL NAME OF	(IF NOT IN HOSPITAL	OR INSTITUTION, GIVE STREET	PENNSYLVANI	A V-	35
FULL NAME OF HOSPITAL OR INSTITUTION	ADDRESS OR LOCATION	ON)	C. CITY OR TOWN	D. If	NSIDE CITY LIMITS?
42			JENKINSTOWN		YES NO
SINAI MEN	HOSPITAL		E. STREET AND NUMBER	APARTMENTS	
5. SEX 6. R.	ACE 7.	MARRIED NEVER MARRIED		9. AGE (In years	tf Under 1 Yr. , If Under 24 Manths: Days Hours : Mi
MALE		WIDOWED DIVORCED		lost birthdoy)	Months Days Hours Mi
IOA. USUAL OCCUPAT	ION (Give kind of work 10	B. KIND OF BUSINESS OR IND	JSTRY 11. BIRTHPLACE (State or fo	reign country)	12. CITIZEN OF WHAT COUP
done during mast of working ECONOMIST		S.K.F. INDUSTRIE	PIEDMONT, WES	T VIRGINIA	u.s.A.
13. FATHER'S NAME			14. MOTHER'S MAIDEN N		
DAVID AB	RAMSON		BELLA GRANT	AU	
5. Was Deceased Ever	r in U. S. Armed Forces yes, give wor or dates of	? 16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
NO	, g	183-16-726	2 MISS ANNA ARRA	MSON 4004	LIBERTY HGHTS. AV
18. / 9 =>	71	CAUSE OF	DEATH TOTAL PROPERTY OF THE PR	1004	APPROXIMATE INTERV
DISEASE O	R CONDITION DIREC	CTLY	A	Λ	
LEA	DING TO DEATH	(A)IMMEDIA	E CAUSE Me fas tatic OR AS A CONSEQUENCE OF:	Carcinoma	2 72 mos
	nean the mode of dy senia, etc. It means th	ving, e.g., DUE TO, o	R AS A CONSEQUENCE OF:	7 Primary)
	atian which caused de	eath.)	valuing twen t	.	/ _ /
ANT	ECEDENT CAUSES	(B) AS	cites		3 whs
	CONDITIONS, if on	7, 9111119	R AS A CONSEQUENCE OF:		
undertying co	bave couse (A) s ONDITION last.	lating the			
15/ 5	П	/ 4/020000000			
	NT CONDITIONS CONT				
TO THE DEATH BU	IT NOT RELATED TO THE		•••••		
19A. DATE OF OPI	ERATION 198. CONDI	TION FOR WHICH OPERATION	20A. AUTOPSY? (Yes or	No) 20B. IF YES, WEI	RE FINDINGS CONSIDERED CAUSES OF DEATH?
	WAS UNID 501 WILLS [7]	212 51 4 65 65 1444184	A STATE OF THE PART OF THE PAR	of : n-le-	
OR CONTRIBUTION DEATH (notify med		home, form, foctory, str	(e.g., in or obout 21 C. WHERE DID eet, office bldg., INJURY OCCUR?	(It in Boltin	nore City, give exoct location)
Q 21D, TIME (M	onth) (Doy) (Year)	(Hour) 21E. INJURY OCCURRE	D 21F. HOW DID I	NJURY OCCUR?	
OF INJURY		While At No	t White Wark		
22 1 25 1	(A) (a) ! - ! a - \		9/21	19 <u>68</u> ta	10/6 196
ZZ. I certity that		attended the deceased fram			
Alex (IV (= V)		alive an		that in (my) (aur) (apinian death accurred an the
that (I) (we) las					
and have and fro		l abave. (I) (We) did (det	view the bady after deat	٦.	DATE SIGNED
		d abave. (1) (We) (did) (det	Attending Med.	Staff 7	23B. DATE SIGNED
and haur and fro		d abave. (1) (We) did (dec	Attending Med. Phys. Director		23B. DATE SIGNED.
and have and fro		men mi)	Attending Med.	Staff 7	23B. DATE SIGNED (70/6/68
and haur and fro 23A. SIGNATURE Wan- 23C. PHYSICIAN'S NAME (Type)	M. Fred	FRIEDMAN MI	Attending Med. Phys. Med. Director 23D. ADDRESS REGREE	Shoff Phys. The Aland Al	of GALTIMORE,
and haur and fro	MR. Fred WARD R.	FRIEDMAN MI	Attending Med. Phys. Director	Shoff Phys. The Albert	of GALTIMORE,
and haur and from 23A. SIGNATURE 23C. PHYSICIAN'S NAME (Type)	MR. Fred WARD R. TION, 24B. DATE 10-8-68	FRIED MAN MI 24C. NAME OF CEMETERY OHEB SHALOM	Attending Med. Phys. 23D. ADDRESS 23D. ADDRESS CONTROL OF CREMATORY Attending Med. Director Attending Med. Director Attending Med. Director Attending Med. Director 24D	Shaff Phys. Location BALTIMORE. M	OF GALTIMORE, (City, town, or county) (Sto
and haur and from 23A. SIGNATURE 23C. PHYSICIAN'S NAME (Type) 24A. BURIAL CREMAT REMOVAL (Speci	MR. Fred WARD R. TION, 24B. DATE 10-8-68	FRIEDMAN MI 24C. NAME OF CEMETERY	Attending Med. Phys. Med. Director 23D. ADDRESS REGREE OF CREMATORY Med. Director Attending Med. Director 24D.	Shaff Phys. Control of the shaft of the shaf	OF GALTIMORE, (City, lawn, or county) (Sto



FUNERAL DIRECTOR: IMPORTANT

4/5	BALTIMORE CIT	Y HEALTH DEPARTMENT		CO 40040
68-	10243 CERTIFICA	TE OF DEATH	REG. NO	68-10243
	001(111.0)	O DATE AN	ND HOUR OF DEAT	
1. NAME OF DECEASED (Type or Print)				10:40
MINNIE KA		OCTOBE	R 7, 1968	
3. PLACE IN BALTIMORE, MARYLAND, WHERE	PRONOUNCED DEAD	A. STATE B. COUN		institution: residence before odmissi
FULL NAME OF (IF NOT IN HOSPITAL O	R INSTITUTION, GIVE STREET	MARYLAND	15017	700 53-00
HOSPITAL OR ADDRESS OR LOCATION	0	C. CITY OR TOWN	D. IN	ISIDE CITY LIMITS?
		BALTIMORE		YES NO
HOUSE IN THE PINES, BELL	EDERE	E. STREET AND NUMBER		hand hand
90		3417 TERRAF	PIN ROAD	
SEX 6. RACE 7. A	ARRIED NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr., If Under 24 I
TTULLE GULTER		6 15 1000	lost birthdoy)	Months Doys Hours Min.
0A. USUAL OCCUPATION (Give kind of work 10B.	DOWED DIVORCED	8-15-1909	59	12. CITIZEN OF WHAT COUN
done during most of working life, even if retired)	KIND OF BUSINESS OR INDUSTR	I II. BIRTHFLACE (Store of fore	eigh country)	12. CITIZEN OF WHAT COON
HOUSEWI FE	AT HOME	LITHUANIA		U.S.A.
3. FATHER'S NAME		14. MOTHER'S MAIDEN NA	ME	
NATHAN KLOTZMAN		GITTEL	2	
S. Was Deceased Ever in U. S. Armed Forces?	1 6. SOCIAL	17. INFORMANT	:	ADDRESS
Yes, no or unknown) (If yes, give wor or dotes of	SECURITY NO.	IIII OKWANI		UNDERFOR
NO		MR. MORRIS KALA	VAN. 3417	TERRAPIN ROAD
18. / 5 / 9	CAUSE OF DEA		, .,,	APPROXIMATE INTERVA
DISEASE OR CONDITION DIRECT	LY		1	
LEADING TO DEATH	(A) IMMEDIATE CA	Leionyonance	mua of	3 ment
(This does not mean the mode of dying	ig, e.g., DUFTO OR AS	A CONSEQUENCE OF:	()	
heart foilure, asthenia, etc. II means the injury or complication which coused deal		7 37	-emset)	
ANTECEDENT CAUSES		/		
DISEASES OR CONDITIONS, if ony,	(B)	S A CONSEQUENCE OF:		
rise to the obove couse (A) stot	giring		>	
UNDERLYING CONDITION Iosi.	(C)			
_ 151 X II				
OTHER SIGNIFICANT CONDITIONS CONTRIL			•	
TO THE DEATH BUT NOT RELATED TO THE TE DISEASE OR CONDITION GIVEN IN PART 1 ()				
19A. DATE OF OPERATION 19B. CONDITION WAS PERFORM	ON FOR WHICH OPERATION	20A. AUTOPSY? (Yes or N	o) 208. IF YES, WER	RE FINDINGS CONSIDERED CAUSES OF DEATH?
WAS PERFORM				
OP CONTRIBUTING CAUSE OF	21B. PLACE OF INJURY (e.g.,	office bldg, INJURY OCCUR?	(If in Boltim	nore City, give exoct location)
DEATH (notify medical examiner)	etc.)	onice stage, itteent a cook.		
O 21D.TIME (Month) (Doy) (Year) (He	out) 21E, INJURY OCCURRED	21F. HOW DID IN.	JURY OCCUR?	
OF INJURY	While At Not Wh			
(APPROX.)	Work At Work			
22. 1 certify that (1) (this haspital) att		Mey	19 53 to	Oct / 1966
that (1) (we) last saw the deceased al	ive an Oct 7	1960 and th	hat in (my) (eus) a	pinian death accurred an the
			•	
23A. SIGNATURE	indives (i) (many (and) (ala nat)	view the body after death.		23 B. DATE SIGNED
	AL AL	tending Med.	Staff	a of + 101
and the	DE GREE PH	ys. Director	Phys.	Gey 0, 176
23 C. PHYSICIAN'S NAME (Type)		23D. ADDRESS		
	IPAKOV	7211 PARK HET	GHTS AVEN	
24A. BURIAL CREMATION, 24B. DATE	24C. NAME of CEMETERY OF C	E TOTAL TICE		(City, town, or county) (State
REMOVAL (Specify)				,,,
BURIAL 10-9-68		TZ CHAIM) BAL	TIMORE, MA	RYLAND
ERET LA GOVOLA	NAME OF REGISTRAR	250 FUNERAL DIRECTO	R	ADDRESS
and a 1200 AC	KIND C. Jaken Poll	SOL LEVINSON	& DKUS.,60	IU KEISIEKSIUWN KU
1968 1258.	Low E , Jackey MA	SOL LEVINSON	& BROS.,60	10 REISTERSTOWN



-	-625 68-1026	BALTIMORE CIT	Y HEALTH DEPARTMENT		68-10244
	-62-5 68-1024	CERTIFICA	TE OF DEATH	REG. NO	०० 10244
	TH NO.	CERTITION		D HOUR OF DEATH	
Тур	e or Print) Morganstein	mildredi	with 10	117/68	8 40 PM
3. P	LACE IN BALTIMORE MARYLAND, WHERE PRONO	UNCED DEAD	4. USUAL RESIDENCE (When A. STATE B. COUN		nstitution: residence before odmission
FUL	LL NAME OF (IF NOT IN HOSPITAL OR INSTIT	UTION, GIVE STREET	md		27-20
HO	SPITAL OR ADDRESS OR LOCATION)		C. CITY OR TOWN	D. INS	SIDE CITY LIMITS?
	2	2 (1	BAIto		YES NO
CX	Sina Hospital &	BAITO.	2907 FA	Etatelli	Rd
5. S	EX 6. RACE 7. MARRIED	NEVER MARRIED		9. AGE (In years	If Under 1 Yr. If Under 24 Hrs Months Doys Hours Min.
	FEMALE WHITE WIDOWED	DIVORCED	9/26/07	66	
	USUAL OCCUPATION (Give kind of work 10B, KIND O	F BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or forei	gn country)	12. CITIZEN OF WHAT COUNTR
done	during most of working life, even if retired)	HOUE.	Maryla	I	USA
3 1	HOUSEWIFE AT I	HOME	14. MOTHER'S MAIDEN NAM		02.7
3. [PATILE S NAME				
	ANSEL MORGANSTEIN		LENA	?	
5. Yes	Was Deceased Ever in U. S. Armed Forces? s, no or unknown) (If yes, give wor or dates of service)	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
	NO		MR. LOUIS MORGAN	ISTEIN 290	7 FALLSTAFF ROAD
	18. 1/10 9 1 205 1	CAUSE OF DEA			APPROXIMATE INTERVAL
	DISEASE OR CONDITION DIRECTLY		0.	- 1	BETWEEN ONSET AND DEAT
	LEADING TO DEATH	(A) IMMEDIATE CA	USE Pulmonary	Edema	a 30 minut
	(This does not meon the mode of dying, e.g.	DUE TO, OR AS	A CONSEQUENCE OF:		
	heart failure, asthemia, etc. It means the disease injury or complication which coused death.)				
	ANTECEDENT CAUSES	100		INSAct	ina I have
		(B)	5 CONSEQUENCE OF	77077	1 7 76000
	DISEASES OR CONDITIONS, if ony, giving rise to the above couse (A) sloting the		The second secon		
	UNDERLYING CONDITION last.	(C)			
	42011	_		2	
TION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	()	ric Myeloge	104	Temin 4'zyear
⋖	TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).				
CERTIFIC	19A. DATE OF OPERATION 19B. CONDITION FOR	WHICH OPERATION	20A. AUTOPSY? (Yes or No	IN CERTIFYING CA	FINDINGS CONSIDERED AUSES OF DEATH?
ERTI	2		Yes		
	21A. ACCIDENT WAS UNDERLYING 21 OR CONTRIBUTING CAUSE OF	B. PLACE OF INJURY (e.g., me. form, foctory, street,	in or obout 21C. WHERE DID office bldg., INJURY OCCUR?	(If in Boltimo	ore City, give exact location)
CAL	DEATH (notify medical examiner) etc				
MEDIC		E. INJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?	
×		hile At Not Wh	ile 🗀		
	· · · · · · · · · · · · · · · · · · ·	ork L At Worl			t /
	22. I certify that (I) (this haspital) attended		•	19 6 5 to	10/7 1968
	that (1) (we) lost sow the deceosed alive an.	10/	7 19 6 5 and th	at in (kny) (our) op	oinian death occurred on the do
	and haur and fram the couses stated above.	(I) (We) (did) did not)	view the body after death.		
	23A. SIGNATURE				23B. DATE SIGNED
	01 0 1 2/ ms/	MAN At	tending Med.	Staff Phys.	10/5/1
	stanged A. Mall	MCW MLGREE Ph	ys. Director 123D. ADDRESS	Phys. ——	1011168
	NAME (Type) STANFORD H. MAL	TMOW	ADDRESS	1 1	. 0 11
	STANTURU II. MAL	DEGRE	Smai b	ospital	of Balto Ma
24/		AME of CEMETERY of C		OCATION	City, town, or county) (Stote)
	BURIAL 10-9-68 OHE	B SHALOM	DE	ISTERSTOWN.	MADVIAND
	DUNIAL 10-7-00 VIIL	D SHATOM	I NL.	DILMIUWIV.	IVIAN LAW

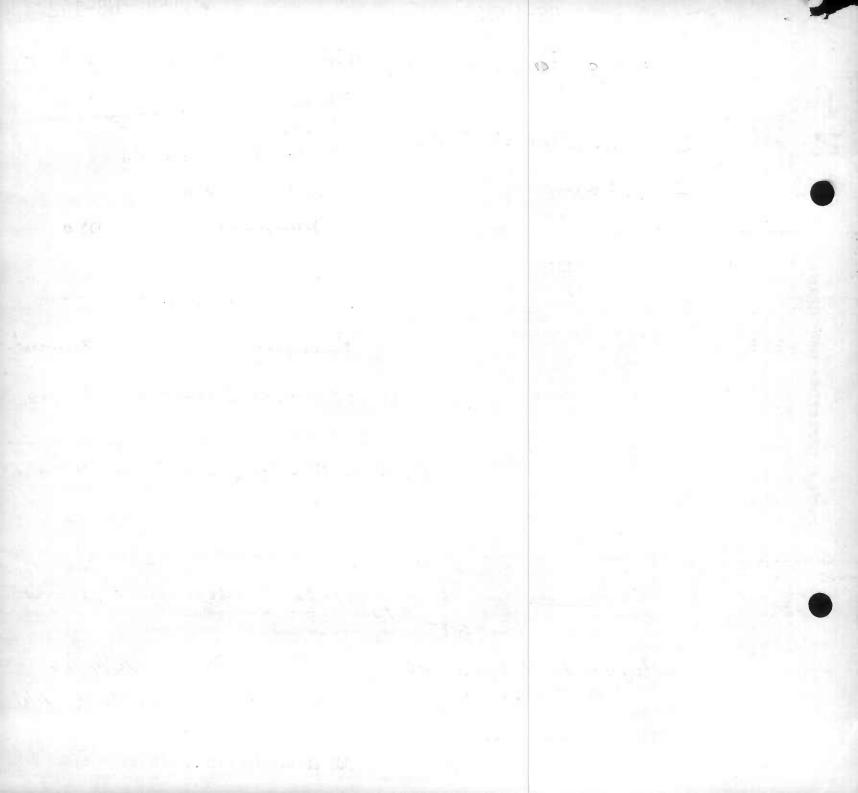
25A. DATE REC'D BY HEALTH DEPT.

25B. NAME OF REGISTRAR

REISTERSTOWN, MARYLAND

25C. FUNERAL DIRECTOR ADDRESS

OL LEVINSON & BROS., 6010 REISTERSTOWN ROAD



Such

CO.4004E	BALTIMORE CITY	HEALTH DEPARTMENT		00
	CERTIFICA	TE OF DEATH	REG. NO.	68-10245
BIRTH NO.	CERTIFICA			
1, NAME OF DECEASED (Type or Print)		2. DATE AND	HOUR OF DEATH	
STACKOWITZ MRS	CARRIE.	10/	7/1968	4.25 A. N
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCE	ED DEAD	4. USUAL RESIDENCE (Where A, STATE B, COUNT	deceased lived. If insti	tution: residence before admission)
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION	N CIVE STREET	MARYLAND		
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION ADDRESS OR LOCATION)	in intel	C. CITY OR TOWN		CITY/LIMITS?
LIFALAMENDE	1 1 1/8/6	BALTIMORE	The second secon	/ES NO
וצטקרי בניאורים ורטאו	TIFL,	E. STREET AND NUMBER		140 L
BALTIMORE. MARYLAND.	21231.	115. 50	· REGIST	ER ST.
SEX 6. RACE 7. MARRIED N	NEVER MARRIED	8. PAJE OF BIRTH2 9.	AGE (In years	If Under 1 Yr. If Under 24 Hrs Months: Doys Hours Min.
F W WIDOWED	DIVORCED	5 - 1 - 1885	3 .75	
A. USUAL OCCUPATION (Give kind of work 10 B. KIND OF BUS	INESS OR INDUSTRY	11. BIRTHPLACE (Stote or foreign	n country)	12. CITIZEN OF WHAT COUNTRY
one during most of working life, even if retired)		POLAND		U-S.A.
HOUSE WIFE.				a 3. A.
FATHER'S NAME		14. MOTHER'S MAIDEN NAM		
NOT KNOWN.		NOT	KNOWN.	
. Was Deceosed Ever in U. S. Armed Forces?	SOCIAL	17. INFORMANT		ADDRESS
	SECURITY NO.			21 - ADDRESS
	and the same of	LAURA Tilet	sky Te	equation It.
18. 6 9/ 9	CAUSE OF DEAT	H		APPROXIMATE INTERVAL
DISEASE OR CONDITION DIRECTLY				BETWEEN ONSET AND DEAT
LEADING TO DEATH		SE PERITONIT	iet	
(This does not mean the mode of dying, e.g.,	(A) IMMEDIATE CAL		1.)	
heart failure, osthenia, etc. It means the disease,	DUE TO, OR AS	A CONSEQUENCE OF:		
injury or complication which caused death.)	()			
ANTECEDENT CAUSES	PEDEND	ATION, BILLAK	2. TD-5	
	(B) DUE TO, OR AS	HILLY STEIAK	YIKEE	
DISEASES OR CONDITIONS, if ony, giving	DUE TO, OR AS	A CONSEQUENCE OF:	/	
rise to the above couse (A) stating the UNDERLYING CONDITION lost.	(0)			
ONDEREING CONDITION TOSI.	(C)			
15 86 X II				
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).				
TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).			0	
	H OPERATION	20A. AUTOPSY? (Yes or No)	20B. IF YES, WERE FIN	IDINGS CONSIDERED
194. Date of Operation 198. Condition for which was performed to the condition	bdomen		IN CERTIFYING CAUS	ES OF DEATH?
21 A. ACCIDENT WAS UNDERLYING 218, PLA	CE OF INJURY (e, a., i	n or obout 21 C. WHERE DID	(If in Baltimore C	City, give exoct location)
OR CONTRIBUTING CAUSE OF home, for	rm, foctory, street, of	fice bldg., INJURY OCCUR?	m m vannore v	
21D. TIME (Month) (Doy) (Year) (Hour) 21E, INJ	URY OCCURRED	21 F. HOW DID INJU	RY OCCUR?	
OF INJURY (APPROX.) While A	Not Whil	e 🗖		
Work	At Work			
22. I certify that (I) (this hospital) attended the de	eceased from 1	0-5-69/ 19	to /C	7-1968
that (1) (we) last saw the deceased alive on.	0 - 7 -	1 0		on death occurred on the da
	- (min, tour, opinic	on death occurred on the da
and hour and from the causes stated above. (1) (W	e) (did) (did not) v	iew the body after death.		
23A. SGNATURE	100		2	3B, DATE SIGNED
Kill thingapp	4 (1) Atte	nding Med. S	taff bys.	
23C. PHYSICIAN'S	DE GREE Phy	23 D. ADDRESS	nys. y-	
23C. PHYSICIAN'S NAME (Type) K. M. C. ILENICAR	AA	Pilipeii il	MIE & L	inc Pina.
NAME (Type) K. M. CHENGAP)	71	CHURCH HZ	MEKA	OSPITAL
4A. BURIAL CREMATION, 24B. DATE , 24C. NAME	DEGKEE	MATORY 24D. LO		lowgror/county) / (State)
GEMOVAL (Spacify) 10/12/68 /	ul Lan	1/0m Us	suggest! 10	Ad long
Junal 7700 /100	4/ Wall	Cello Se	melling	10000
SA. DATE REC'D BY HEALTH DEPT. 258. NAME OF SE	GISTRAR	25C EUNERAL DIRECTOR	10215	(DDAESS)
3CT 9 1968 R.Z. PE	Of College Ma	2 1 the steels	1430 (AB	cerectif.
1000 1000000000000000000000000000000000	, , , , , ,			

10/8/68- De claration of Distertion-Ro. 21197. Certification zumber 4-15'954- gan. 8,1938. Certification zumber 4-15'954- gan. 8,1938. Grusbord-WALENTY MATSTACHOWICZ. Grusbord-WALENTY MATSTACHOWICZ. W.FE: KEROLINA. B. D. 12/3/1892-MALA, POLAND. Lyce.

Such

00 100 10	BALTIMORE CITY HEALTH DEPARTMENT
08-10246	CERTIFICATE OF DEATH

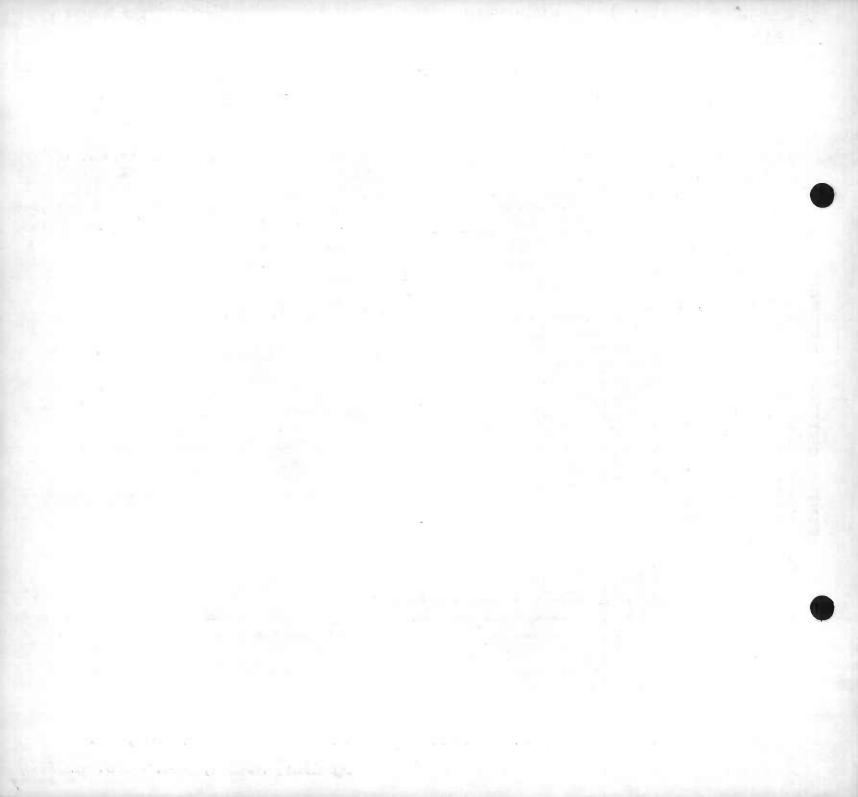
.X.	68-10246
REG. NO.	

BIRTH NO.	00	-TUC	40 CERTIFICA	TE OF DEATH	REG. NO.	
1. NAME OF DECE				2. DATE AN	ID HOUR OF DEATH	
(Type of Filli)	Lewis	Alder	nan		10-7-68	3:10 P.M
3. PLACE IN BALT	IMORE, MARYLAND, W	HERE PRON	OUNCED DEAD	A. STATE B. COUN		institution; residence before admission)
FULL NAME OF	(IF NOT IN HOSPITA	AL OR INST	TUTION, GIVE STREET	Maryland	9.9.0	SIDE CITY LIMITS?
NOITUTION	Provident				D. IIV.	YES X NO
10		-		Baltimore E. STREET AND NUMBER		11.5 [2]
CERTII	FICATE	AM	ENDED	301 Bishop Av	renue	
. SEX	6. RACE	7. MARRIEI	NEVER MARRIED X	8. DATE OF BIRTH894	9. AGE (In years last birthday)	If Under 1 Yr. If Under 24 Hrs Months: Doys Hours Min.
lale	Negro	WIDOWE	D DIVORCED	3-17-1893	75- 74	
	PATION (Give kind of work rorking life, even if refired)	10B. KIND	OF BUSINESS OR INDUSTRY	North Carolin		12. CITIZEN OF WHAT COUNTRY
3. FATHER'S NAM	NE .	<u> </u>		14. MOTHER'S MAIDEN NA		
- 41	ukn.		7.	ukn.		
	Ever in U. S. Armed For		1 6. SOCIAL	17. INFORMANT		ADDRESS
es, no of unknown)	(If yes, give wor or dote	s of service	070-10-8566	Mrs. Lottis	ae Jones	301 BishopAMEe.
18. 44 5	2191		CAUSE OF DEAT	Н		APPROXIMATE INTERVAL
(This daes not heart failure, injury or com	LEADING TO DEATH at mean the mode of asthenia, etc. It means plication which caused ANTECEDENT CAUSES R CONDITIONS, if abave cause (A)	the diseas death.)	(B) C DUE TO, OR AS	A CONSEQUENCE OF: A CONSEQUENCE OF: A CONSEQUENCE OF:	ensive de	zaibili _c
	CONDITION last.	stoffing in	(c) Cya	titis		
TO THE DEATH	CANT CONDITIONS CO H BUT NOT RELATED TO TO DONDITION GIVEN IN PAR	HE TERMINA				
19A. DATE OF	OPERATION 19B. CON WAS PERI	DITION FOI	WHICH OPERATION	20 A. AUTOPSY? (Yes or No	IN CERTIFYING C	FINDINGS CONSIDERED AUSES OF DEATH?
OR CONTRIBU	TING CAUSE OF	h h	1B. PLACE OF INJURY (e.g., ome, form, foctory, street, c tc.)	in or obout 21 C. WHERE DID INJURY OCCUR?	(If in Boltim	ore City, give exact location
21D. TIME OF INJURY	(Month) (Doy) (Year)		E. INJURY OCCURRED	21F, HOW DID IN	URY OCCUR?	
(APPROX.)		V	Vhile At Not Whi			
22 Learnify	that (1) (this hospital) attended	the deceosed from ul	у 1,	19 68 to Oct	ober 7, 19 68
that (I) (we)	last sow the decease	d olive on	October 7,	68		pinion deoth accurred an the da
				view the bady after death.		
23A. SIGNATU	RE					23 B. DATE SIGNED
	1 7	[d	& M. Doegree Att	ending Med. Director	Staff Phys.	10-8-68
23C. PHYSICIA	N'S (pe)	100	OOK M.D. DEGREE	23D. ADDRESS 1514 Division		Balto., Maryland
K	IIN JA	K	OUK M.D. DEGREE			
REMOVAL (S	pecify) 24B. DATE	24C.	NAME of CEMETERY OF CR			City, town, or county) (Stote)
Buria	1 10/12 BY HEALTH DEPT.		Mt. Calve	250 FUNERAL DIRECTO		ary land ADDRESS
DG.	9 1968 12 1	230.19	Rich en Pla	2 Charles A)	1 W. Barre St.

BALTIMORE CITY HEALTH DEPARTMENT

00 100				00 10010
68-102	48 CERTIFICA	TE OF DEATH	REG. NO.	68-10248
NAME OF DECEASED		2. DATE AND	HOUR OF DEATH	
Type or Print) FRANCES G	ROSS	0007.7	11968	1.20 P. V
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONG	UNCED DEAD	A. STATE B. COUNTY		titution; residence before admission
ULL NAME OF (IF NOT IN HOSPITAL OR INSTI	TUTION, GIVE STREET	MYBATYDD	U.SA	
HOSPITAL OR ADDRESS OR LOCATION) NSTITUTION		C. CITY OR TOWN BALTIMORE	D. 414340	DE CITY LIMITS?
B HURCH HOME E	HOSPITAL	E. STREET AND NUMBER	- 0	YES CHO
3 Charles		240 5	MOTEZ	· 78 =
SEX 6. RACE 7. MADDIET	NEVER MARRIED		AGE (In years	If Under 1 Yr If Under 24 Hrs
FEHALE WHITE WIDOWE		7-25-897 0	it Justindoy)	Months Doys Hours Min.
MA USUAL OCCUPATION (Give kind of work 108, KIND C		11. BIRTHPLACE (State or foreign		12. CITIZEN OF WHAT COUNTR
dane during most af working life, even if retired)		MYEATY	80	US.A.
3. FATHER'S NAME		14. MOTHER'S MAIDEN NAMI		
P. 2004.				
5. Wos Deceased Ever in U. S, Armed Forces?	1 6. SOCIAL	17. INFORMANT		ADDRESS
Yes, no ar unknown) (If yes, give wor or dotes of service)	SECURITY NO.			
18.	CAUSE OF DEAT	<u> </u>		APPROXIMATE INTERVAL
DISEASE OR CONDITION DIRECTLY				BETWEEN ONSET AND DEAT
LEADING TO DEATH		- Pransach	cere has	. (
(This does not mean the mode of dying, e.g	(A) IMMEDIATE CAL	A CONSEQUENCE OF	COV CD-10	<u> </u>
heart failure, osthenia, etc. It meons the diseas	DUE TO, OK AS	The	mubosis	
injury or camplication which coused death.)	A 1	- / //	1	
ANTECEDENT CAUSES	(B) Byler	sclevotic ve	soular	
DISEASES OR CONDITIONS, if any, givin	DUE TO, OR AS	A CONSEQUENCE OF: A CONSEQUENCE OF: A CONSEQUENCE OF: A CONSEQUENCE OF:	100112	
rise la the obove cause (A) stating th UNDERLYING CONDITION last.	(C)			
332X II				
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).		***************************************		
19A. DATE OF OPERATION 19B. CONDITION FOR	WHICH OPERATION			
WAS PERFORMED	WHICH OFERATION	20A. AUTOPSY? (Yes or No)	20B. IF YES, WERE F IN CERTIFYING CAL	INDINGS CONSIDERED
WAS PERFORMED		YU	IN CERTIFYING CAL	JSES OF DEATH?
WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING 2 OR CONTRIBUTING CAUSE OF	B. PLACE OF INJURY (e.g., ome, form, foctory, street, o	in or obout 21C. WHERE DID ffice bldg., INJURY OCCUR?	IN CERTIFYING CAL	DES OF DEATH? City, give exect location
WAS PERFORMED U 21A. ACCIDENT WAS UNDERLYING 2' OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	B. PLACE OF INJURY (e.g., me, form, foctory, street, cc.)	in or obout 21C. WHERE DID ffice bldg., INJURY OCCUR?	(If in Baltimare	JSES OF DEATH?
WAS PERFORMED 21 A. ACCIDENT WAS UNDERLYING 20 OR CONTRIBUTING CAUSE OF DEATH (notify medical examine)	B. PLACE OF INJURY (e.g., me, form, foctory, street c.) E. INJURY OCCURRED	in or obout 21C. WHERE DID ffice bldg., INJURY OCCUR?	(If in Baltimare	JSES OF DEATH?
WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING 22 OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21D. TIME (Month) (Doy) (Year) (Hour) OF INJURY	B. PLACE OF INJURY (e.g., me, form, foctory, street, cc.)	in or obout 21C. WHERE DID ffice bldg., INJURY OCCUR?	(If in Baltimare	JSES OF DEATH?
WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING 21 OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) el 21D. TIME (Month) (Doy) (Year) (Hour) V V V	B. PLACE OF INJURY (e.g., time, form, foctory, street, c.,) E. INJURY OCCURRED While At Not While At Work	in or obout 21C, WHERE DID ffice bidg, INJURY OCCUR? 21F, HOW DID INJU	(If in Baltimare	SES OF DEATH? City, give exoct location
WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING 22 OR CONTRIBUTING CAUSE OF DEATH (notify medicol exominer) 21D. TIME (Month) (Doy) (Yeor) (Hour) (APPROX.) 22. f certify thor (H) (this hospitol) attended	B. PLACE OF INJURY (e.g., sme, form, foctory, street oc.) E. INJURY OCCURRED //hile At	in or obout 21C. WHERE DID injury occur?	(If in Boltimare	OCITY, give exoct location
WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING 22 OR CONTRIBUTING CAUSE OF DEATH (notify medicol exominer) 21D. TIME (Month) (Doy) (Year) (Hour) OF INJURY (APPROX.) 22. f certify that (H)(this haspital) attended that (H)(we) lost saw the deceased olive on	B. PLACE OF INJURY (e.g., me, form, foctory, street, c.) E. INJURY OCCURRED (hile At Not White At Work At Work At Work)	21F. HOW DID INJU	(If in Boltimare	JSES OF DEATH? City, give exoct location
WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING 2 OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY (APPROX.) 22. f certify that (H) (this haspital) attended that (H) (we) lost saw the deceased alive on and hour and from the causes stated above.	B. PLACE OF INJURY (e.g., me, form, foctory, street, c.) E. INJURY OCCURRED (hile At Not White At Work At Work At Work)	21F. HOW DID INJU	(If in Boltimare	Ocity, give exoct location
WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING 20 CONTRIBUTING CAUSE OF DEATH (notify medicol exominer) 21D. TIME (Month) (Doy) (Year) (Hour) 20 (APPROX.) 22. f certify that (H)(this haspital) attended that (H)(we) lost saw the deceased alive on	B. PLACE OF INJURY (e.g., ome, form, foctory, street, oc.) E. INJURY OCCURRED (hile At Not White At Work the deceased from (W) (We) (did) (did not)	21F. HOW DID INJU	(If in Boltimare RY OCCUR? (Solve to Occur) (In (My) (our) opin	JSES OF DEATH? City, give exoct location 19 6 nion deoth occurred on the do
WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING 20R CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY (APPROX.) 22. f certify that (H)(this hospital) attended that (H)(we) lost saw the deceased alive on and hour and from the couses stated above. 23A. SIGNATURE	B. PLACE OF INJURY (e.g., ome, form, foctory, street, oc.) E. INJURY OCCURRED (hile At Not White At Work the deceased from (W) (We) (did) (did not)	21F. HOW DID INJU 21F. HOW DID	(If in Boltimare	Ocity, give exoct location
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WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING 20R CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21D. TIME (Month) (Doy) (Year) (Hour) 21D. TIME (Month) (Doy) (Year) (Hour) 22. f certify that (H) (this haspital) attended that (H) (we) lost saw the deceased alive on and hour and from the couses stated above. 23A. SIGNATURE 23C. PHYSICIANS NAME (Typic) Dr JOSEPH	B. PLACE OF INJURY (e.g., ome, form, foctory, street, oc.) E. INJURY OCCURRED (hile At Not White At Work At Work At Work) The deceased from Street Company (We) (did) (dtd not) DEGREE Physical Company (Me) (We) (did) (dtd not)	21F. HOW DID INJU 21F. HOW DID INJU 21F. HOW DID INJU 19 ond thought of the death. 23D. ADDRESS AURCH	(If in Boltimare RY OCCUR? GS to OC in (My) (our) opin hoff hys.	DISES OF DEATH? OCITY, give exect location 19 GS nion death occurred on the do 23B. DATE SIGNED The Och 1968 HOSPITAL
WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING 2 OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY (APPROX.) 22. f certify that (th) (this hospital) attended that (th) (we) lost saw the deceased alive on and hour and from the causes stated above. 23A. SIGNATURE 23C. PHYSICIANS NAME (Type) 24A. BURIAL CREMATION, 24B. DATE 24C.	B. PLACE OF INJURY (e.g., me, form, foctory, street, oc.) E. INJURY OCCURRED (hile At Not White At Work At Work At Work) The deceased from Street (We) (did) (dtd not)	21F. HOW DID INJU 21F. HOW DID INJU 21F. HOW DID INJU 19 ond thought of the death. 23D. ADDRESS AURCH	(If in Boltimare RY OCCUR? GS to OC in (My) (our) opin hoff hys.	JSES OF DEATH? City, give exoct location 19 6 nion deoth occurred on the do
WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING 22OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21D. TIME (Month) (Doy) (Year) (Hour) 21D. TIME (Month) (Doy) (Year) (Hour) 22. f certify thor (H) (this hospital) attended that (H) (we) lost saw the deceased alive on and hour and from the couses stated above. 23A. SIGNATURE 23C. PHYSICIANS NAME (Typic) TOSEPI-	B. PLACE OF INJURY (e.g., ome, form, foctory, street, oc.) E. INJURY OCCURRED (hile At Not White At Work At Work At Work) The deceased from Street Company (We) (did) (dtd not) DEGREE Physical Company (Me) (We) (did) (dtd not)	21F. HOW DID INJU 21F. HOW DID INJU 21F. HOW DID INJU 19 ond thought of the death. 23D. ADDRESS AURCH	(If in Boltimare RY OCCUR? GS to OC in (My) (our) opin hoff hys.	DISES OF DEATH? OCITY, give exect location 19 GS nion death occurred on the do 23B. DATE SIGNED The Och 1968 HOSPITAL
WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medicol exominer) 21D. TIME (Month) (Doy) (Year) (Hour) OF INJURY (APPROX.) 22. f certify thor (+) (this hospital) attended that (+) (we) lost saw the deceased alive on and hour and from the couses stated above. 23A. SIGNATURE 23C. PHYSICIAN'S NAME (Type) 24A. BURIAL CREMATION, 24B. DATE 24C. REMOVAL (Specify) 24A. BURIAL CREMATION, 24B. DATE 24C.	B. PLACE OF INJURY (e.g., ome, form, foctory, street, oc.) E. INJURY OCCURRED (hile At Not White At Work At Work At Work) The deceased from Street Company (We) (did) (dtd not) DEGREE Physical Company (Me) (We) (did) (dtd not)	21F. HOW DID INJU 21F. HOW DID INJU 21F. HOW DID INJU 19 ond thought of the death. 23D. ADDRESS AURCH	(If in Boltimare RY OCCUR? GS to OC in (My) (our) opin hoff hys.	DISES OF DEATH? OCITY, give exect location 19 GS nion death occurred on the do 23B. DATE SIGNED The Och 1968 HOSPITAL
WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medicol exominer) 21D. TIME OF INJURY (APPROX.) 22. f certify that (H) (this hospital) attended that (H) (we) lost saw the deceased alive on and hour and from the causes stated above. 23A. SIGNATURE 23C. PHYSICIANS NAME (Type) 4A. BURIAL CREMATION, 24B. DATE 24C.	B. PLACE OF INJURY (e.g., me, form, foctory, street of c.) E. INJURY OCCURRED (hite At Not White At Work the deceased from South (We) (did) (dtd not) DEGREE Physical South (Me) NAME of CEMETERY or CR	21F. HOW DID INJU 21F. HOW DID INJU 21F. HOW DID INJU 21F. HOW DID INJU 21F. HOW DID INJU 21F. HOW DID INJU 21F. HOW DID INJU 22F. HOW DID INJU 23F. HOW DID INJU 23F. HOW DID INJU 23F. HOW DID INJU 24D. LO	(If in Boltimare RY OCCUR? GS to OC in (My) (our) opin hoff hys.	23B. DATE SIGNED 23B. DATE SIGNED 23B. DATE SIGNED 23B. DATE SIGNED 23B. DATE SIGNED 23B. DATE SIGNED 23B. DATE SIGNED 23B. DATE SIGNED 23B. DATE SIGNED 23B. DATE SIGNED 23B. DATE SIGNED 23B. DATE SIGNED 25B. DATE SI
WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medicol exomine) 21D. TIME (Month) (Doy) (Yeor) (Hour) 21D. TIME (Month) (Doy) (Yeor) (Hour) 22. f certify that (H) (this haspital) attended that (H) (we) lost saw the deceased alive on and hour and from the couses stated above. 23A. SIGNATURE 23C. PHYSICIANYS NAME (Type) 24A. BURIAL CREMATION, 24B. DATE 24A. BURIAL CREMATION, 24B. DATE 24C.	B. PLACE OF INJURY (e.g., me, form, foctory, street of c.) E. INJURY OCCURRED (hite At Not White At Work the deceased from South (We) (did) (dtd not) DEGREE Physical South (Me) NAME of CEMETERY or CR	21F. HOW DID INJU 21F. HOW DID INJU 21F. HOW DID INJU 21F. HOW DID INJU 21F. HOW DID INJU 21F. HOW DID INJU 21F. HOW DID INJU 22F. HOW DID INJU 23F. HOW DID INJU 23F. HOW DID INJU 23F. HOW DID INJU 24D. LO	(If in Boltimare RY OCCUR? GS to OC in (My) (our) opin hoff hys.	23B. DATE SIGNED The Och 1968 HOSPITAL Ty, town, or county) (Stote)

THAT STANK Was and after Secure Australia -3 -- To Shippe Of S.

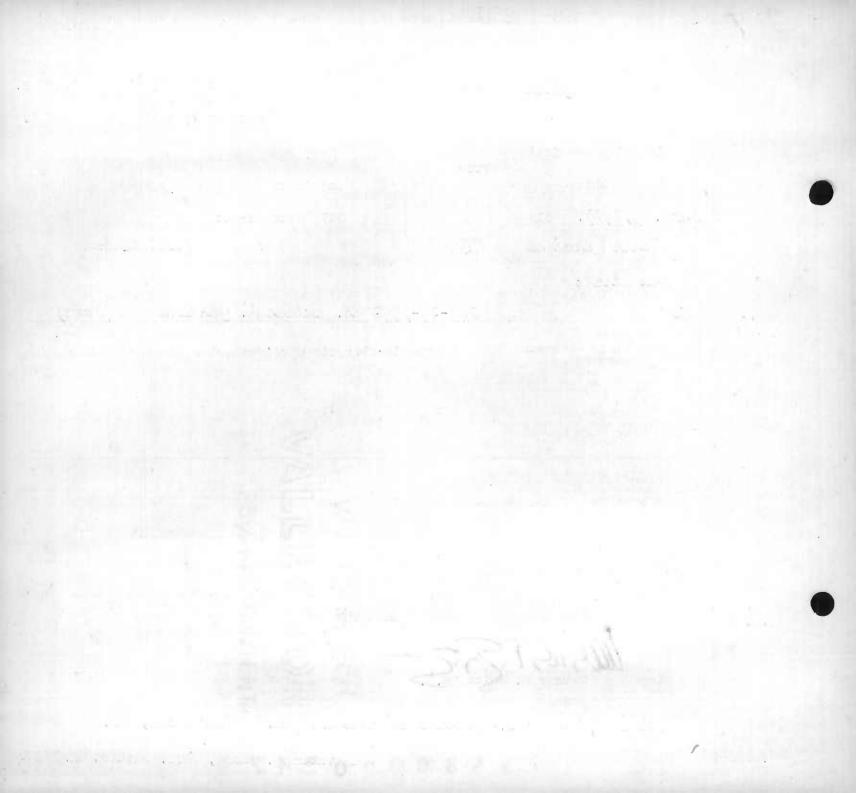


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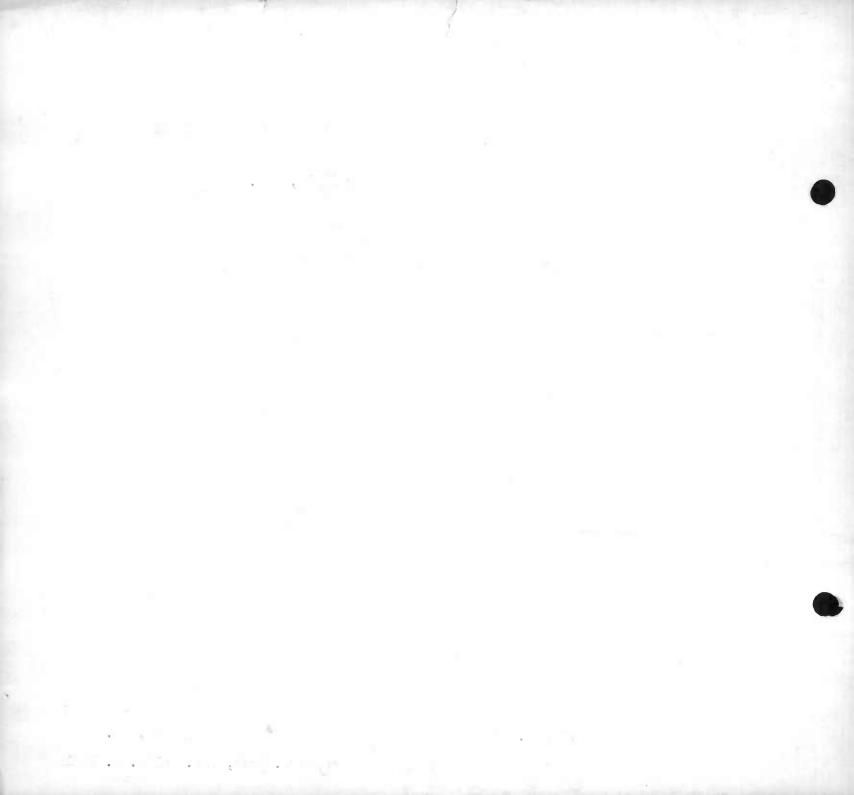
VS 151-REV. 1/1/68

68-10250 BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S	CERTIFICATE OF DEATH REG. NO.	00-10500
BIRTH NO.	KEG. NO	
1. NAME OF DECEASED	2. DATE Knawn X Manth Day	Year Haur
(Type or Print) GRACE Ellen GARLAND	OF DEATH Estimated October 7, 1	968 10:27 R.
4. PLACE IN BALTIMORE, MARYTAND, WHERE PRONOUNCED DEAD	3. DATE Month Doy	Yeor Hour
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET	PRONOUNCED DEAD	
HOSPITAL ADDRESS OR LOCATION) OR INSTITUTION	October 7, 1968	10:27 P _M
28	5. USUAL RESIDENCE (Where deceased lived, If Institution: re A. STATE B. COUNTY	esidence perore domission)
J University Hospital	Maryland	
6. SEX 7. RACE B. MARRIED NEVER MARRIED	C. CITY OR TOWN D. INSIDE CITY	IMITS?
female white WIDOWED DIVORCED	Baltimore YES	N6.0
9. DATE OF BIRTH 10. AGE (In years I under 1 Yr. If Under 24 Hrs last birthdoy) II Under 1 Yr. If Under 24 Hrs Months, Days Haurs Min	E. STREET AND NUMBER	
Sept. 3,797/. 51	327 Scott Street	
11. BIRTHPLACE (State or lareign country) 12. CITIZEN OF WHAT COUNTRY?	13. FATHER'S NAME	, ,
North Carolina William	! (hrist	tenbury
14A.USUAL OCCUPATION (Give kind al wark) 14B. KIND OF BUSINESS OR INDUST	RY 15. MOTHER'S MAIDEN NAME	
dane during most of working life, even if retired) Seamstress	?	
16. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. SOCIAL	18. INFORMANT ADD	RESS
(Yes, no grunknown) (If yes, give war or dates al service) SECURITY NO.	12 Mr. Luther N. Garland	(Sama)
//O \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		APPROXIMATE INTERVAL
CAUSE OF DE	AIH	BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY Arterio	sclerotic Cardiovascular Diseas	e
LEADING TO DEATH		
(This does not mean the made of dying, e.g., heart lailure, asthenia, etc. It means the disease,	R AS A CONSEQUENCE OF:	
injury ar complication which caused death.)		
ANITECEDENIA CALICEC		
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO, OI	R AS A CONSEQUENCE OF:	
RISE TO THE ABOVE CAUSE (A) STATING THE		
Z UNDERLYING CONDITION LAST. (C)		
F 4 2 2 1 11		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL		
OF THE SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION V		
20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION V	NAS PERFORMED 2	21. AUTOPSY? (Yes or No)
0 2		Yes
₹ 22A. EXTERNAL CAUSE WAS 22B.PLACE OF INJURY(e.g	., in ar about 22C. WHERE DID (If in Boltimore City, give exact	
UNDERLYING OR CONTRIB-	ice bldg., etc.) INJURY OCCUR?	
22D. TIME (Month) (Day) (Year) (Hour) 22E.INJURY OCCURRED	22F. HOW DID INJURY OCCUR?	
	DT WHILE C	
23. m. WORK AT	WORK	
I certify that I held an Inquiry Inspection A	utopsy X and that an this basis, death in my op	pinlon
resulted from: Notural causes X Accident Suic		
resulted from: Notural causes A Accident 5010		
ACTUAL MILLAGON SONT	CHIEF MEDICAL EXAMINER	DATE SIGNED
SIGNATURE WELL TO ME MAN MAN MAN MAN MAN MAN MAN MAN MAN MAN	D. ASSISTANT MEDICAL EXAMINER	10/2/60
EXAMINER'S Werner U. Spitz, M.D.	ASSOCIATE MEDICAL EXAMINER	10/8/68
NAME (Type) 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETER'	Y or CREMATORY 24D. LOCATION (City, town, c	or county) (State)
DEMOVAL (Specify)	0 1	A = 3
Burial 10/11/68. Baltimore 1	National (em. Baltimore,	ma.
25A. DATE REC'D BY HEALTH DEPT 25B. NAME OF REGISTRAR		DRESS
1300 Lover E talley MI	Legnard J. Ruck, Inc. B.	alto.Md. 21214
1 9 6 8 11 11	n delicated of the control of the co	/



	BALTIMORE C	CITY HEALTH DEPARTMENT	60.40052		
BIR	H NO. 68-10251 CERTIFIC	CATE OF DEATH Registered No.	00-10251		
	CASE NO.	2. DATE AND HOUR OF DEATH			
	AME OF DECEASED (C	Dilla	04-110		
3. 1	PLACE OF DEATH IN BALTIMORE MARYLAND	Christis) 10:40 PM 7	VC(6-31/2 G) M.		
	THE OF PARTITION AND MINISTERS	A. STATE B. COUNTY	53-25		
	ULL NAME OF (If not in hospital or institution, give street	C. CITY OR TOWN (If outside city limits, write R	5 5 00		
	HOSPITAL OR oddress or location) NSTITUTION	C. CITY OR TOWN (If outside city limits, write R	URAL ond give township)		
1	& Ilminetone Mandan	White MARSH 2116	2		
10	& University of MARYLAND	D. STREET ADDRESS (If rurol, give locotion)			
	HospitaL	2 BANGERT HUC.			
5. 5		8. DATE OF BIRTH 1892 9. AGE (In years Jost birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.		
	timale CAU. WIDOWED, DIVORCED (specify)	76 × 76	Monins Doys Hours Min.		
11	USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUS		12. CITIZEN OF		
don	e during most of working life, even if retired)	13	WHAT COUNTRY?		
	Honsiwife N.E.	PRICE LA 14. MOTHER'S MAIDEN NAME	9 Recen		
13.	FATHER'S NAME				
	Angelo CHRISTIS	MARIA CUNKNE	mun)		
15.	Wos Deceosed Ever in U. S. Armed Forces? 16. SOCIAL	17. INFORMANT	ADDRESS		
(ie	s, no or unknown) (If yes, give wor or dotes of service) SECURITY NO.	on Da set a land	(Same)		
-	10.14, 168-01-62	58 Vanguter - Katherine L	EWIS THE PETWEEN		
	CAUS	E OF DEATH	ONSET AND DEATH		
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	RINARY tract infection) Camples		
	(This does not meon the mode of dying, e.g., DUE TO	RINARY CLERCE (NIEELIGN	1 6 weeks		
	beart fallows authority at a transport of the disease	2 2 2 4 4 2			
	injury or complication which coused death.)	RANSITIONAL Cell CABLAD	De 2 mos.		
-	ANTECEDENT CAUSES (B) DUE TO				
	DISEASES OR CONDITIONS, if ony, giving				
	rise to the obove couse (A) stoting the (C)				
	1810				
Z	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	1 1	9		
ATION	TO THE DEATH BUT NOT RELATED TO THE RATERIC	oscheratic C-V Disense	. undetermined		
	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE F	INDINGS CONSIDERED		
RTF	O None WAS PERFORMED NIA.	NO IN CERTIFYING CAL	JSES OF DEATH?		
U 21A, ACCIDENT WAS UNDERLYING 21B PLACE OF INJURY (e.g., in or obout 21C, WHERE DID (If in Boltimore City, give exact location)					
AL	OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) DI A	, office bldg., INJURY OCCUR?			
EDIC	21D. TIME (Month) (Doy) (Yeor) (Hour) 21E, INJURY OCCURRED	A, N.A 21F. HOW DID INJURY OCCUR?			
MEC	OF INJURY	Wift.			
	(APPROX.) N.A. Wark At W				
	22. I certify that (I) (this hospital) attended the deceased from	8/24 1968 10	10/7 1968		
		19 68 ond that in(my) (our) apir	ion death accurred on the date		
	and hour and fram the couses stoted above. (1) (We) (did) (did no	or) view the body offer deoff.	23B, DATE SIGNED		
	M.D.	Attending Med. Staff	10 1 2		
	William Sandadin	Phys. Director Phys.	7 Ortoba 68		
	23C. PHYSICIAN'S NAME (Type)	23D. ADDRESS	1 1 0 31 30		
		N.D. UNIVIRGITY MD, GOSDIT	AL BAHO. MAD.		
24/	BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF	CREMATORY 24D. LOCATION (Cit	y, town, or county) / (State)		
-	Burial 10/11/68. Greek Orthodox	Cemetery Baltimon	ce. Md.		
25		25C. FUNERAL DIRECTOR	ADDRESS		
231	A. DATE REC'D BY HEALTH DEPT. 258. NAME OF REGISTRAR				
	1000 Later A 00 00 00 000	7.00.			



IMPORTANT

FUNERAL DIRECTOR:

BALTIMORE CITY HEALTH DEPARTMENT 68-10252 CERTIFICATE OF DEATH BIRTH NO 2. DATE AND HOUR OF DEATH I. NAME OF DECEASED (Type or Print) Oct. 7, 1968 MARY ADA DIGGS 4. USUAL RESIDENCE (Where deceosed lived, If institution: residence before odmission)
A. STATE
B. COUNTY 3. PLACE IN BALTIMORE MARYLAND, WHERE PRONOUNCED DEAD MARYI.AND (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) FULL NAME OF HOSPITAL OR INSTITUTION C. CITY OR TOWN INSIDE CITY LIME 1239 East Lanvale Street YES BALTIMORE Baltimore, Maryland 21213 E. STREET AND NUMBER 1239 East Lanvale Street 9. AGE (In years DATE OF BIRTH If Under 1 Yr. Months: Doys If Under 24 Hrs. 5. SEX 6. RACE 7. MARRIED NEVER MARRIED Hours 3-8-1896 FEMALE COLORED WIDOWED X DIVORCED 11. BIRTHPLACE (Stote or foreign cou 10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired)

HOUSEWIFE		LOUISA CO., VIR	GINIA	U.S.A.
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAM	·Ε	
UNK.		UNK.		
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dates of service)	16. SOCIAL SECURITY NO. 223-34-9292	Mrs. Susie Sims	1239 E. Lat	ADDRESS
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the made of dying, e.g., heart failure, asthenia, etc., it means the diseose, injury or complication which coused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving itse to the above couse (A) stoling the UNDERLYING CONDITION lost.	50E 10, 0K A	Α .	el Curlis Lui Deseu	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). U199. DATE OF OPERATION 1198. CONDITION FOR	WHICH OPPRATION	20A. AUTOPSY? (Yes or No)	208. IF YES. WERE FI	INDINGS CONSIDERED
19A. DATE OF OPERATION 19B. CONDITION FOR WAS PERFORMED	,,,,,	Vo	IN CERTIFYING CAU	SES OF DEATH?
OR CONTRIBUTING CAUSE OF DEATH (notify medical exominer)	OR CONTRIBUTING CAUSE OF home, form, foctory, street, office bldg., INJURY OCCUR?			
U OF INJURY	INJURY OCCURRED ille At		RY OCCUR?	
22. I certify that (I) (this hospital) attended that (I) (we) last saw the deceased alive on and hour and from the causes stated above.	4-6	19.68 ond tho	toto	10-1968 ion death occurred on the dat

Attending Phys.

4C, NAME of CEMETERY OF CREMATORY

Mt. Calvary Cemetery

23D. ADDRESS

Marshall

Staff Phys.

24D. LOCATION

A.A. Co., Maryland

25C. FUNERAL DIRECTOR 1735 Harford Ave. 290255

W. Jones, Jr.

(Stote)

(City, town, or county)

VS 150-REV. 1/1/68

Burial

23C. PHYSICIAN'S NAME (Type)

DATE

10-11-68

258 NAME OF

alra Shimattappel

J. K. Cilma "A.F. F.K. ADAMS

1222N Caroline

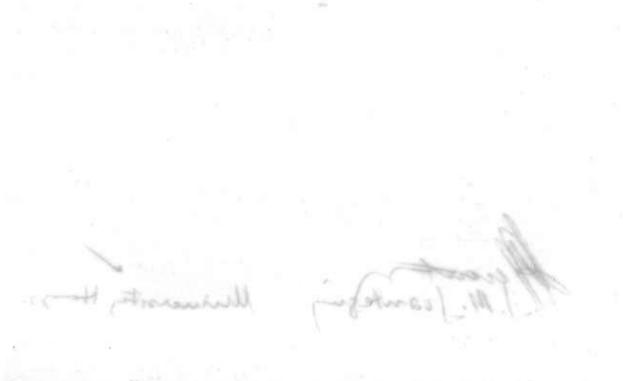
Such

DA-11/25.3	ATE OF DEATH	REG. NO	68-10253
<i>((((((((((</i>	2, DATE AND	HOUR OF DEATH	
William (Willie	October	9. 1968	6:30A
RYLAND, WHERE PRONOUNCED DEAD	A. STATE B. COUNTY	deceased lived. If in:	stitution: residence before admis
IN HOSPITAL OR INSTITUTION, GIVE STREET	Maryland	-	A 6
S OR LOCATION)	C. CITY OR TOWN	D. INSII	YES X NO
Administration Hospital	Baltimore		YES V NO
n Raven Boulevard	E. STREET AND NUMBER		
e, Maryland 21218	835 N. Washin	gton Stree	t
7		AGE (In years	If IInder 1 Yr If IInder 24

BIRTH NO.			CERTIFICA	ATE OF DEATH		
I. NAME OF DE	CEASED		1 ,	2. DATE AN	ID HOUR OF DEATH	
(Type or Print)	SIMMS, W	illiam	16 Willie	Octob	er 9, 1968	6:30A N
3. PLACE IN BA	LTIMORE MARY	AND, WHERE PE	ONOUNCED DEAD	4. USUAL RESIDENCE (Whe	re deceased lived. If in	stitution: residence before admission)
FULL NAME OF	F (IF NOT IN	HOSPITAL OR I	NSTITUTION, GIVE STREET	Maryland	-	
NSTITUTION				C. CITY OR TOWN	D. IN	IDB-CITY LIMITS?
			tion Hospital	Baltimore		YES X NO
_	900 Loch			E. STREET AND NUMBER		
	altimore,			835 N. Wash	ington Street	
. SEX	6. RACE		RIED NEVER MARRIED	8. DATE OF SIRTH	9. AGE (In years last birthday)	Manths Days Hours Min.
Male	Negro		WED DIVORCED	10/29/01	66	
ane during mast a	f warking tife, even		D OF BUSINESS OR INDUSTRY		,	12. CITIZEN OF WHAT COUNTRY
Steel W	orker			Clover, Virgin	nia	U.S.A.
FATHER'S NA				14. MOTHER'S MAIDEN NA	ME	
Willia	m Simms			Creacy		
. Was Decease	ed Ever in U. S. A	rmed Forces?	vice) 16. SOCIAL SECURITY NO.	17. INFORMANT	2000	ADDRESS
Yes	1	- 9/13/4		WA Homital D		Loch Raven Bivd
18, / 6	0/1//42	- 7/15/4	CAUSE OF DEAT	VA Hospital Red	cords Balt	APPROXIMATE INTERVAL
DISE	SE OR CONDIT	ION DIRECTLY		Undifferent	isted Canair	BETWEEN ONSET AND DEATH
DISE	LEADING TO					
(This does	nal mean the		(A) IMMEDIATE CA	USE metastatic A CONSEQUENCE OF:	to right sho	oulder 10 months
heart failure	, asthenia, etc.	I means the dis		A CONSEQUENCE OF:		
injury ar co	implication which	caused death.)				
	ANTECEDENT	CAUSES	(8)			
	OR CONDITIO			A CONSEQUENCE OF		
	he above cau IG CONDITION		the (C)			
		1401.	(0/			
OTHER SIGN	IFICANT CONDITION	ONS CONTRIBUT	ING			
TO THE DEA	ATH BUT NOT RELA	TED TO THE TERM	NAL			
	CONDITION GIVE		FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No	20B. IF YES, WERE	FINDINGS CONSIDERED
0	· ·	WAS PERFORMED		NO	IN CERTIFYING CA	USES OF DEATH?
21 A. ACCID	ENT WAS UNDE	RLYING	21B. PLACE OF INJURY (e.g.,	in ar about 21C. WHERE DID	(If in Baltimar	e City, give exact location)
	BUTING CAUSI fy medical examin		hame, farm, factory, street, c	office bldg., INJURY OCCUR?		
21D. TIME	(Month) (Day		21E INJURY OCCURRED	21F. HOW DID INJ	HPY OCCUP?	
OF INJURY	(7Vidillii) (Day	(real) (riagl)	While At Nat Whi		OKT OCCOK:	
(APPROX.)	,		Wark At Wark			
22. 1 certif	y that (1) (this	hospitol) otten	ded the deceased from A	ugust Lith	1968 to Oct	ober 9th 1968
that (1) (we	e) lost sow the	deceosed olive	on October 9th	19 68 and th	ot in (ply (our) onl	nion deoth occurred on the dot
			ve. (1) (We) (did) (d/d/g/g/)		, (22.) 001	
23A. SIGNAT		ses siuted abo	Aer Vil (ue) (qiq) Yaha bak)	view the body offer deoth.		23B. DATE SIGNED
23.11310117			Att	ending Med.	Staff [7]	
00.00 01.00		,	DEGREE Phy	ys. Director L	Staff Phys.	10/9/68
23C. PHYSICI NAME	(Type)	284 W.	tallun	23D. ADDRESS 3900 Loc	h Raven Bou	levard
	GEORGE 1	I. GAFFNE	Y, M.D. DEGREE	Baltimor	re, Maryland	
4A. BURIAL CR	EMATION, 24B.	DATE 2	4C. NAME of CEMETERY OF CR			ity, tawn, ar caunty) (State)
Burial	10-	14-68	Baltimore Natio	nal Bal	timore, Mary	yland
SA. DATE			ME OF REGISTRAR	25C. FUNERAL DIRECTOR		
-86	1 3 1968	DOD CITY	27 25-19 (2) (Sh. 142)	2 0 2 5 0	1/35 Harf	ord Ave. 21213









shows: (1)

of death Deceased

cause

and

hospital

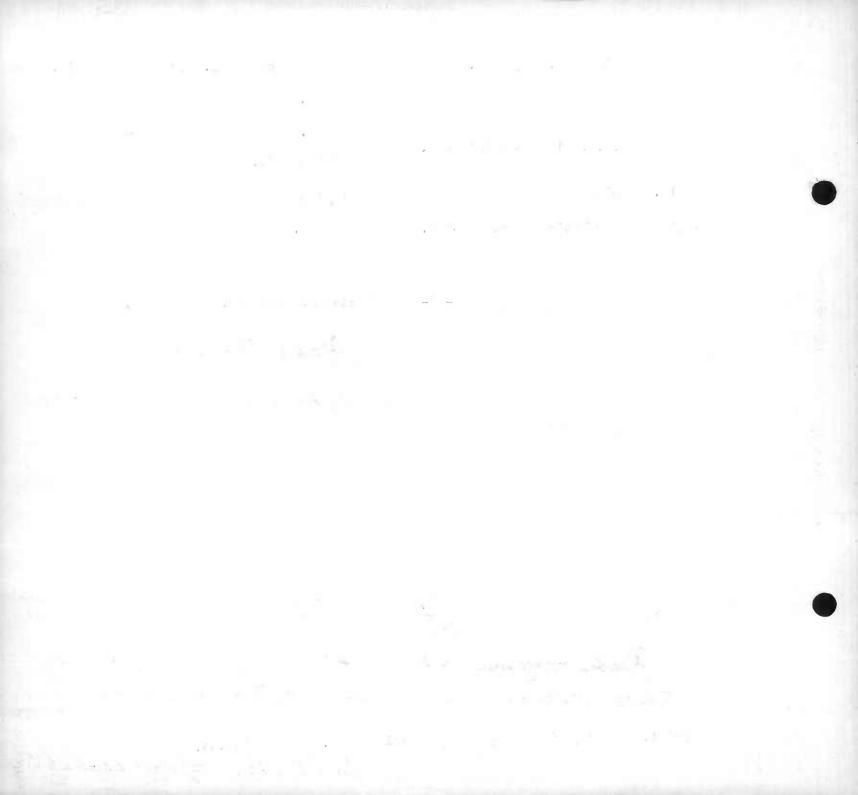
the Such

death.

			BALTIMORE CITY				69	-10257		
BIRTH NO.	68	-1025	7 CERTIFICA	TE OF DE	ATH	REG. NO	00	10207		
Type or Print)	LYDIA A.M	AGRUTHER				HOUR OF DEATH		11 55P M.		
3. PLACE IN BALT	IMORE MARYLAND, W	HERE PRONOU	NCED DEAD	A. STATE	B. COUNTY	eceosed lived. II in	stitution: re	sidence before admission)		
FULL NAME OF	(IF NOT IN HOSPIT	AL OR INSTITU	TION, GIVE STREET	C. CITY OR TOW		D INS	IDE CITY III	MITS? O - O		
INSTITUTION 44				C. CITY OR TOWN Balto P. INSIDE CITY LIMITS? NO						
99	D.O.A.Union	Memoria	1 Hosp.	E. STREET AND	NUMBER					
S. SEX	6. RACE	7. MARRIED	NEVER MARRIED	B. DATE OF BIRTI		AGE (In years birthday)		1 Yr. It Under 24 Hrs. Ooys Hours Min,		
Female.	White	WIDOWED	DIVORCED	12/1/9		69				
done during most of v	PATION (Give kind of work vorking life, even if retired) forker (Retire		BUSINESS OR INDUSTRY	11. BIRTHPLACE	State or toreign		12. CITIZ	EN OF WHAT COUNTRY?		
13. FATHER'S NAA		47 00000	N WITT.	Md 14. MOTHER'S M						
13. FAIRER 3 HAN	?			14. MOTHER 3 IV	INDEN NAME	3				
	Ever in U. S. Armed For off yes, give wor or dote		16, SOCIAL SECURITY NO.	17. INFORMANT				ADDRESS		
			215-07-6617	Victor J.	Magruthe	r. 705 Ba	y St.			
	E OR CONDITION DILEADING TO DEATH		CAUSE OF DEAT	Н		rombosi	В	APPROXIMATE INTERVAL ETWEEN ONSET AND DEATH		

FULL NAME OF HOSPITAL OR INSTITUTION D.O.A Female. White IOA. USUAL OCCUPATION (GIV done during most of working life, e Textile Worker 13. FATHER'S NAME 15. Was Deceased Ever in U. S (Yes, no or unknown) (If yes, give DISEASE OR CON LEADING (This daes not mean the mode of dying, e.g., DUE TO, OR AS A CONSEQUENCE OF: heart failure, asthenio, etc. It means the disease, injury ar camplicolian which coused death.) ANTECEDENT CAUSES DUE TO, OR AS A CONSPOUENCE OF DISEASES OR CONDITIONS, if any, giving the abave cause (A) stoting the UNDERLYING CONDITION last. 420,1 CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A) 20B. IF YES, WERE FINDINGS CONSIDERED 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20 A. AUTOPSY? (Yes or No) WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? 21 A. ACCIDENT WAS UNDERLYING TO CONTRIBUTING CAUSE OF 21B. PLACE OF INJURY (e.g., in or about 21C. WHERE DID home, form, factory, street, office bldg., INJURY OCCUR? (If in Baltimore City, give exact location) MEDICAL DEATH (notify medical examiner) 21 D. TIME (Month) (Dov) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY White At Not While (APPROX.) At Work 10-6 1964 10-6 22. I certify that (I) (this hospital) attended the deceased fram 65 and that in(my) (our) opinian death occurred on the date 19 that (1) (we) last saw the deceased alive on... and haur and from the couses stated abave. (1) (We) (aid) (did not) view the body after death. 23B, DATE SIGNED 23A. SIGNATUR Attending approval 23D. ADDRESS 23C. PHYSICIAN'S NAME (Type) 846 a. 36 BSt., Raltmere, Md. 24A, BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION (City, town, or county) REMOVAL (Specify)

Burial. 10/9/68
2SA. DATE REC'D BY HEALTH DEPT. VS 1S0-REV. 1/1/6B

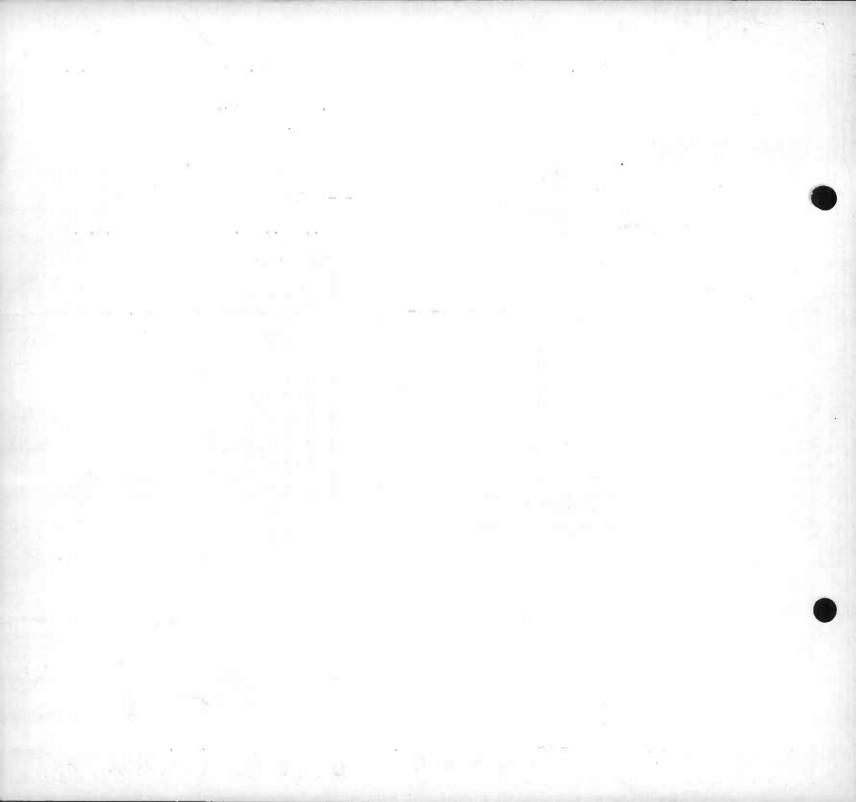


68-10258 BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL	EY A MAINIED'S	CEDTIEICATE	OF DEATH
MEDICAL	EXAMINER 3	CERTIFICATE	OF DEATH,

				ICAL	-	SALTIMORE CITY HE			DEATH		68-	1025	8
BIR	TH NO.		77120			O COMMITTER O C	Jan C I II	IC/ (IE OI	DE/ (111	REG NO_			
	NAME OF DEC	EASED HARRY	C.	BOND	ITRA	NT	2. DATE OF DEATH	Known 🔼	Month October	7 196	Yeor	2 · 55	Р. м.
4.	PLACE IN BAL					UNCED DEAD	3. DATE		Month	Doy	Yeor	Hour	M.
HO	L NAME OF SPITAL INSTITUTION		T IN HOSPITA		TITUTIC	N, GIVE STREET		DUNCED DEAD	October			2:55	
4		nes Ho	spital				5. USUAL RESIDENCE (Where deceosed lived. If institution: residence before odmission) A. STATE B. COUNTY Maryland Anne Arundel						
6.	SEX	7. RACE		B. MARR	IED A	NEVER MARRIED	C. CITY O	RIOWN Burnie	D	INSIDE CIT	Y LIMITS?		
	male	whit	e	WIDOV	VED [DIVORCED [xkxxx	XXXXX		YE	s 🛚	NO 🗌	
9. 1	DATE OF BIRT	4	10. AGE (In			der 1 Yr. If Under 24 Hrs. ns 1 Doys 1 Hours 1 Min.	E. STREET	AND NUMBER					
	ay 6,19		54					667, Glei	n Burnie				
11.	BIRTHPLACE (S	tote or foreig	gn country)			ITIZEN OF HAT COUNTRY?	13. FATHE	R'S NAME					
	Bristol					1.5.A.		nry C. Bo					
14A don	.USUAL OCCU e during most of v	PATION (Giv orking life, ev	e kind of work en if retired)	M M		USINESS OR INDUSTRY	15. MOTH	ER'S MAIDEN NA	WE				
	Manager			Rito	his	Theater		tie Wertz					
	WAS DECEAS s, no or unknown	(If yes, give v	wor or dotes			17. SOCIAL SECURITY NO.	18. INFO				DRESS		
Ĺ	No	N	one			225-03-3642		Helen H.	Bondur	ant (w		Same	
	19. 4/12	14 1				CAUSE OF DEA	TH					PPROXIMATE I	
	DISEAS	E OR COND	ITION DIRE	CTLY		Arterio	sclero	tic Cardi	ovascula	r Disea	ase		
	(A)IMMEDIATE CAUSE (This does not mean the mode of dying, e.g., DUE TO, OR AS A CONSEQUENCE OF:												
	heort foilure	or mean me , osthenlo, etc aplication whi	. It meons the	diseose,		DUE TO, OR A	AS A CONSE	QUENCE OF:					
	injury or cor	ipiiconon with	cii coused dec	,,		•							
		NTECEDENT				(B)						****	
	RISE TO THE	E ABOVE CA	USE (A) STA	, GIVING TING THE		DUE TO, OR	AS A CONS	EQUENCE OF:					
Z	UNDERLYIN	1G CONDIT	ION LAST.			(c)							
은	422	1	П										
CERTIFICATION	TO THE DEA	IPICANT CON	RELATED TO	THE TERM	INAL								
1		CONDITION				AUDICU ORFRATIONI W	AC DEDECOR	MED			In AUT	OPSY? (Yes	or No
18	ZUA. DATE OF	OPERATIO	14 20b. COI	MOIIION	FOR	WHICH OPERATION W	AS PERFOR	MED					01 140)
A P	22A. FXTER	LAL CALLER	1444.6		OOD B	LACE OF INTERPV		22.C MILIERE DID	Alf . D le		1	No	
0	UNDERLYING	NAL CAUSE ☐OR CON				LACE OF INJURY (e.g., form, foctory, street, offic			(It in Boltimore	Lity, give exoc	it recetion)		
ME CO	UTING CA) (Hou	-1 22	E.INJURY OCCURRED		22F. HOW DID IN	HIDV OCCUP				
1	OF INJURY	(monin) (L	Doy) (Yeor) (1100	,		WHILE	221. HOW DID II	AJORI OCCOR				
	(APPROX.)						ORK						
М		ify that I h	eld on I	nguiry [Inspection X Au	top sy	and that on	this basis, de	oth In my	opinion		
		red from N				cident Suicio		fomicide	Undetermine	d manner [1		
	16301		1 /	3032679		201611		CHIEF MEDICAL]			
ш	ACTUAL		l-SV	951	2	7 277	AS	SISTANT MEDICAL	157	1		DATE SIG	SNED
	SIGNAT	1	Trans	- II	2	M.D		OCIATE MEDICAL		i		10/8/	68
	NAME (wern	er u	. Sq	pitz, M.D.	ASS	OCIAIE MEDICAL	EVWWIINEK [-			
	A. BURIAL CRE	MATION, 2	24B. DATE	100	240	. NAME of CEMETERY	or CREMA	TORY 24D	LOCATION	(City, town	, or count	y) (St	ote)
	urial		10/11/	68	1	Gedar Hill (Cemete	rv B	rooklyn	R.F.D	. Ma	ryland	1
-	A. DATE REC'D	BY HEALTH	DEPT.			OF REGISTRAR	25C	FUNERALDIRECT	OR /		DDRESS	,	
		DCI 1	0 1968	P.D.	es 85	E Jabours	C	new extra	Funeral	HOME	Glor	Burn	ie. M
VS	151-REV. 1/1/6	3		1			2 0	ring to to it	due 191	Onine_	-161	OUTI	209 1

68-11	0259 CERTIFICA	HEALTH DEPARTMENT	REG NO.	68-10259		
BIRTH NO.	CERTIFICA	TE OF DEATH	REG NO.	30 1000		
NAME OF DECEASED		2. DATE AN	D HOUR OF DEAT	Н		
Type or Print) Annie M. Asher		Octa	8-1968	4 A.M.		
3. PLACE IN BALTIMORE, MARYLAND, WHERE PR	ONOUNCED DEAD	4. USUAL RESIDENCE (When	re deceased lived. If	institution: residence before admission		
FULL NAME OF (IF NOT IN HOSPITAL OR II	NSTITUTION CLVF STREET	100	lto.	53-00		
FULL NAME OF (IF NOT IN HOSPITAL OR II HOSPITAL OR ADDRESS OR LOCATION) NSTITUTION	None and the street	C. CITY OR TOWN		VSIDE CITY LIMITS?		
		Baltimore		YES NO 🔀		
Gould's Nursing Home		E. STREET AND NUMBER				
Belair Rd.		506 Middle R	iver Rd.			
SEX 6. RACE 7. MAR	RIED NEVER MARRIED		9. AGE (In years lost birthday)	If Under 1 Yr. , If Under 24 H Months: Doys Hours Min.		
Female White WIDO	WED DIVORCED	6-6-1881	86			
DA. USUAL OCCUPATION (Give kind of work 108, KIN	ID OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or forei	gn country)	12. CITIZEN OF WHAT COUNT		
none during most of working life, even if retired) Housewife	Home	Balto., Co., M	d.	U.S.A.		
FATHER'S NAME		14. MOTHER'S MAIDEN NAM	ME			
John Carback		Annie Jester				
. Was Deceased Ever in U. S. Armed Forces?	1 6. SOCIAL	17. INFORMANT		ADDRESS		
(es, no or unknown) (If yes, give wor or dotes of ser	vice) SECURITY NO.					
No	216-46-1603		els Jerich	o Rd. Kingsville		
1B. 1/2.3	CAUSE OF DEAT	Н		APPROXIMATE INTERVA		
rise to the above cause (A) stating UNDERLYING CONDITION lost.	(C)					
4/23 II OTHER SIGNIFICANT CONDITIONS CONTRIBUT	ING					
TO THE DEATH BUT NOT RELATED TO THE TERMINE DISEASE OR CONDITION GIVEN IN PART 1 (A).	NAL					
19A. DATE OF OPERATION 19B. CONDITION WAS PERFORMED		20 A. AUTOPSY? (Yes or No	FINDINGS CONSIDERED AUSES OF DEATH?			
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	21B. PLACE OF INJURY (e.g., home, form, foctory, street, o	n or obout 21 C. WHERE DID	nore City, give exoct locotion)			
21 D. TIME (Month) (Doy) (Year) (Hour)	21E. INJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?			
OF INJURY (APPROX.)	While At O Not White North At Work	е				
	WORK AT WORK		. (3	1017		
22. I certify that (I) (this hospital) atten-	. 1-	10	19 5 % 10	10 7 19 6		
that (I) (we) lost sow the deceased alive	on	19 & ond th	ot in (my) (our) o	oplnion death occurred on the		
and hour and from the couses stated abo	ve. (1) (We) (did) (did not) v	riew the body ofter deoth.				
23A. SIGNATURE		. /		23 B. DATE SIGNED		
S. 2 S.C.	Degree Phy	ending Med. Director	Stoff Phys.	10/8-/68		
23C. PHYSICIAN'S		23D. ADDRESS				
NAME (Type) SAMUEL STEA	en, mb					
4A. BURIAL CREMATION, 24B. DATE 2	4C. NAME of CEMETERY OF CR	EMATORY 24D. L	OCATION	(City, town, or county) (State		
REMOVAL (Specify)						
Burial 10-10-68	Ebenezer Cen.	Bal	to Co. Md.	ADDRESS		
25A. DATE REC'D BY HEALTH DEPT.	ME OF REGISTRAR	25C. FUNERAL DIRECTOR	11. 7/100	Rech: ADDRESS		
9017 01960 1020	J. C. Jankey MA	- XUBCHOLO V	1 1401	E) CHEN UX,		
/S 150-REV. 1/1/68				N/C		



BALTIMORE CITY HEALTH DEPARTMENT



68-10261

BALTIMORE CITY HEALTH DEPARTMENT

If Under 1 Yr. Months: Doys If Under 24 Hrs. Hours

BETWEEN ONSET AND DEATH

ADDRESS

(If in 8oltimore City, give exoct lacotian)

23B, DATE SIGNED

(City, town, or county

IMPORTANT

DIRECTOR:

FUNERAL



2	68-10	262 CERTIFICA	TE OF DEATH	REG. NO	68-10262				
1	IRTH NO. NAME OF DECEASED Type or Print)	ORGE AL	2. DATE AN	ID HOUR OF DEATH	1:4-1				
3	PLACE IN BALTIMORE, MARYLAND, WHERE PR	- /	4. USUAL RESIDENCE (Whe	re deceased lived. If instit	ution: residence before odmission)				
	FULL NAME OF (IF NOT IN HOSPITAL OR IN	JETITUTION CIVE STREET	A. STATE 8. COUN	77 0	timore Co. 52-07				
	HOSPITAL OR ADDRESS OR LOCATION)	, GIVE STREET	C. CITY OR TOWN	D. INSIDE	CITY LIMITS?				
	Lutheran Hospital	1 Maryland	E. STREET AND NUMBER	Z X	NO X				
1	76		2902	Free way	21 227				
5	SEX O 6. RACE 7. MAR	RIED NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years I lost birthdoy)	f Under 1 Yr. If Under 24 Hrs. Aonths: Doys Hours Min.				
	Mall While WIDO		12-21-14	53					
	one during most of working life, even if retired)		Baltimore,		12. CITIZEN OF WHAT COUNTRY?				
ī	Superviser Glas	ss Container Co.	14. MOTHER'S MAIDEN NA		USA				
	Charles H. Fritz, Sr.		Lillie Forre						
1.0	5. Was Deceased Ever in U. S. Armed Forces? 'es,no or unknown) (III yes, give wor or dates of serv	ice) 1 6. SOCIAL	17. INFORMANT		ADDRESS				
,	Na Yes World War 11	215-05-9423	From chart	-	From chart.				
ſ	18./62/I	CAUSE OF DEAT	Ĥ		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH				
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	(A) IMMEDIATE CAL	SE CARNIAC C	innest.					
	(This daes not mean the made of dying, heart failure, asthenia, etc. 11 means the disc	e.g., DUE TO, OR AS	A CONSEQUENCE OF:	Y.V.Y.X.					
	injury ar camplication which caused death.) ANTECEDENT CAUSES	Carri	Post Par	Will.					
	DISEASES OR CONDITIONS, if any, gi	iving (B) DUE TO, OR AS	A CONSEQUENCE OF:	1.					
11	rise to the above cause (A) stating UNDERLYING CONDITION last.	the (c) hudi	astmal meto	utasi					
l.	163X II								
	OTHER SIGNIFICANT CONDITIONS CONTRIBUT TO THE DEATH BUT NOT RELATED TO THE TERMI		***************************************						
	OTHER SIGNIFICANT CONDITIONS CONTRIBUT TO THE DEATH BUT NOT RELATED TO THE TERMI DISEASE OR CONDITION GIVEN IN PART I (A). 194. DATE OF OPERATION WAS PERFORMED 214. ACCIDENT WAS UNDERLYING	FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No	20B, IF YES, WERE FIN	DINGS CONSIDERED				
	WAS FERFORNIED	CIP BLACE OF INTHONY	No						
	OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	21B. PLACE OF INJURY (e.g., i home, form, foctory, street, of etc.)	fice bldg., INJURY OCCUR?	(If in Baltimare C	City, give exact location)				
	O 21D TIME (Month) (Day) (Year) (Hour)	21E, INJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?					
	OF INJURY (APPROX.)	White At Not While At Work	e 🗆 .		Α.				
	22. I certify that (I) (this hospital) attend		10 7	1968 to 0	F 19.CF.				
that (I) (we) last sow the deceased alive on									
1	and hour and from the causes stated above	ve. (I) (We) (did) (did not) v	iew the body after deoth.		<u> </u>				
	23A. SIGNATURE		nding Med.	Staff	BB, DATE SIGNED				
	23C.PHYSICIAN'S	DEGREE Phys	23D. ADDRESS	Phys.	10 0 0				
1	NAME (Type) CHEE JHV	VEI MING	Lutheran	Hospital	of Maryland				
2	4A. BURIAL CREMATION, 248. DATE REMOVAL (Specify)	C. NAME of CEMETERY of CRI	MATORY 24D. L	OCATION (City,	town, or county) (Stote)				
2	Burial 10/11/68	Baltimore Natio	onal Cemetery	Baltimore, Md					
2	5A. DATE REC'D 8Y HEALTH DEPT. 258, NA	ME OF REGISTRAR	25C. FUNERAL DIRECTOR	11	ADDRESS				
	\$ 150-PEV 1/1/68	Contraction and	- Mirances 1.	/+. 237 Patap	sco Ave. 21225				



E-6/25

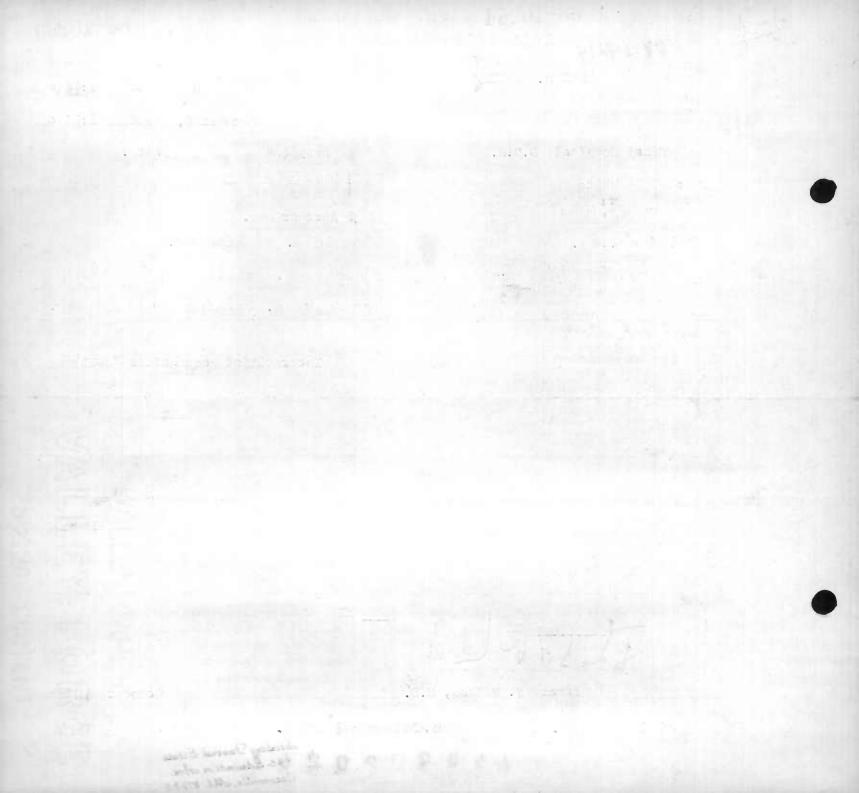
68-10263 BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S C	CERTIFICATE OF DEATH REG. NO. 68-10263
I. NAME OF DECEASED Type of Print) ANDREW ERSKINE 4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) OR INSTITUTION	2. DATE
2307 Foster Avenue 5. SEX 7. RACE B. MARRIED NEVER MARRIED NEVER MARRIED NIVORCED NIVORCED	A. STATE Maryland C. CITY OR TOWN Baltimore B. COUNTY D. INSIDE CITY LIMITS?
P. DATE OF BIRTH 1-26-1906 10. AGE (In years If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min. Months Doys Min. Months Doys Min. Months Doys Min. Months Min.	E. STREET AND NUMBER 2307 Foster Avenue
11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? WALLOCCUPATION (Give kind of work) 4B. KIND OF BUSINESS OR INDUSTRY	13. FATHER'S NAME Y 15. MOTHER'S MAIDEN NAME
17. SOCIAL Yes, noor unknown) (If yes, give wor or dotes of service)	Margaret Lothian 18. INFORMANT ADDRESS Mrs Dolares Hutter 2307 Foster au
LEADING TO DEATH (This does not meon the mode of dying, e.g., heort foilure, osthenio, etc. it meons the diseose, Injury or complication which coused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C)	ry Emphysema and Old Mitral CAUSE AS A CONSEQUENCE OF: 1 Coholic Intoxication
22A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH. 22D. TIME (Month) (Doy) (Yeor) (Hour) 22E.INJURY OCCURRED OF INJURY (ASPEC)	AS PERFORMED 21. AUTOPSY? (Yes or No) Yes in or obout 22C. WHERE DID (If in Boltimore City, give exact location) INJURY OCCUR? 22F. HOW DID INJURY OCCUR?
	ond that on this basis, death in my apinion de
24A. BURIAL CREMATION, REMOVAL (Specify) 24B. DATE 24C. NAME of CEMETERY 25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25B. NAME OF REGISTRAR	1 Faith Balto. Ml.

1. ... 19.0 3. So thent 850 Margaret L. Com. green 5 35 May Literay Hattie 2 2 Pole 25 remin

W-325

68-10264 BALTIMORE CITY HEALTH DEPARTMENT MEDICAL EXAMINER'S CERTIFICATE OF DEATH BIRTH NO. 68 REDNADETTE I. NAME OF DECEASED 2. DATE Knawn 🔯 Month Day Year Hour (Type or Print) MARY B. WATKINS OF Estimated 68 5:21 a M DEATH 10 4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD DATE Doy Hour Year Month PRONOUNCED DEAD (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET FULL NAME OF ADDRESS OR LOCATION) October 6 HOSPITAL OR INSTITUTION 5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) B. COUNTY Sinai Hospital Maryland Balto. D.O.A. C. CITY OR TOWN 6. SEX 7. RACE D. INSIDE CITY LIMITS? 8. MARRIED NEVER MARRIED Catonsville WIDOWED [DIVORCED NO X Female White YES 9. DATE OF BIRTH 10. AGE (In years If Under 1 Yr. If Under 24 Hrs. E. STREET AND NUMBER February 29, 1968 Holdon) Manths, Days, Haurs, Min. 8 6 Aurthur Ave. 11. BIRTHPLACE (State or fareign country) 12. CITIZEN OF 13. FATHER'S NAME WHAT COUNTRY? Donald F. Watkins Jr. Baltimore, Md. USA 14A.USUAL OCCUPATION (Give kind of work 148. KIND OF BUSINESS OR INDUSTRY 15. MOTHER'S MAIDEN NAME done during mast of working life, even il retired) Joyce E. Powell none B. INFORMANT **ADDRESS** 16. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. SOCIAL none NO. (Yes, no ar unknown) (If yes, give war ar dates af service) Mrs Joyce E. Watkins 6 Arthur Ave. none APPROXIMATE INTERVAL CAUSE OF DEATH BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Interstitial pneumonitis (SDII) (A)IMMEDIATE CAUSE (This does not mean the made of dying, e.g., heart tailure, asthenia, etc. It meons the disease, injury ar camplication which caused deoth.) DUE TO, OR AS A CONSEQUENCE OF: ANTECEDENT CAUSES DUE TO, OR AS A CONSEQUENCE OF: DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. NO CERTIFICAT OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 21. AUTOPSY? (Yes or No) 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WAS PERFORMED 228. PLACE OF INJURY (e.g., in or obaut 22C. WHERE DID (If in Baltimore City, give exact lacation) home, farm, factory, street, office bldg., etc.) INJURY OCCUR? 22A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB-UTING CAUSE OF DEATH 22D. TIME (Month) (Day) (Yeor) (Haur) 22E.INJURY OCCURRED 22F. HOW DID INJURY OCCUR? OF INJURY NOT WHILE WHILE AT (APPROX.) WORK AT WORK 23. Autopsy XX I certify that I held an Inquiry 1 Inspection and that an this basis, death in my opinion Natural causes XX Accident Suicide __ Hamicide ___ Undetermined manner CHIEF MEDICAL EXAMINER DATE SIGNED ACTUAL ASSISTANT MEDICAL EXAMINER XX SIGNATURE_ ASSOCIATE MEDICAL EXAMINER EXAMINER'S NAME (Type) Edward F. Wilson, M.D. October 6, 1968 24A. BURIAL CREMATION, 24C. NAME of CEMETERY or CREMATORY 24D. LOCATION 248. DATE (City, town, or county) REMOVAL (Specify) Baltimore, Maryland Burial Oct ,1968 . New . Cathedral Cemt. 25C. FUNERAL DIRECTOR Princial Estate 25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR **ADDRESS** Catonsville, Ald. 21228 VS 151-REV. 1/1/68

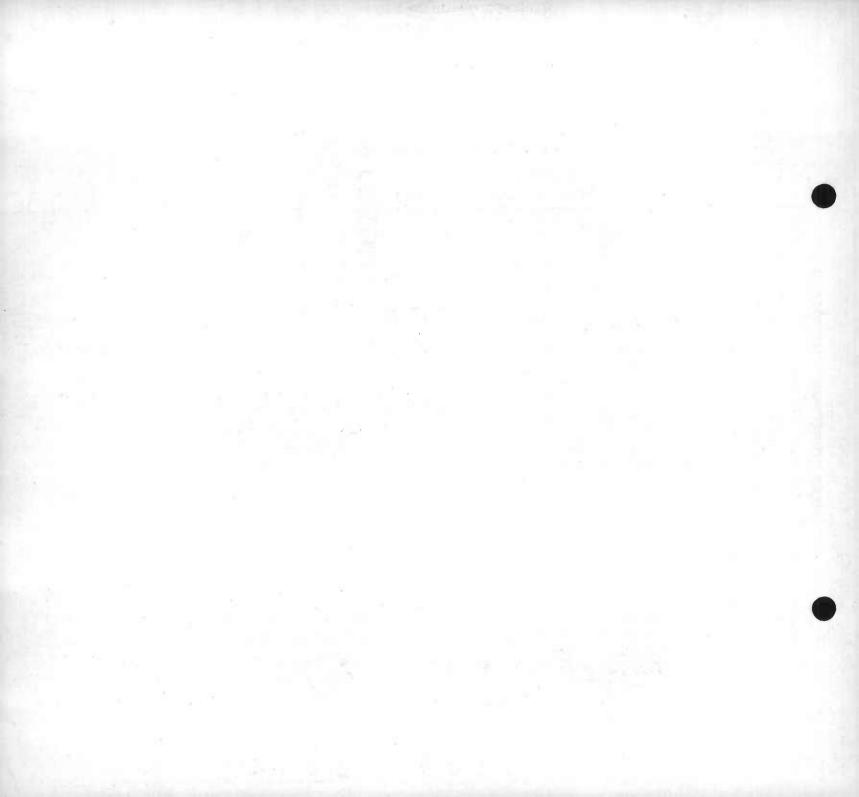


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3. FÜ		MORE, MARYLAND, W	HERE PRONO	UNCED DEAD	4. USUAL RESI A. STATE MARYLA C. CITY OR TOV BALTIM	DENCE (Where B. COUNTY ND	deceosed lived. If i		ce before odmission)
i 4	BALTIMOR	RE MARYLAND	21229	9	E. STREET AND		FALLS ROA	AD.	
	SEX MALE	6. RACE WHITE	7- MARRIED WIDOWED	NEVER MARRIED DIVORCED	8. DATE OF BIR	TH 9.	AGE (In years at birthday)	If Under 1 Yr. Months Doys	If Under 24 Hrs.
t0/	USUAL OCCU		10B. KIND OF	BUSINESS OR INDUSTRY	DELAWA	(State or foreign		USA	DE WHAT COUNTRY?
(BILLINGS		DEC 'D		MAIDEN NAME	4		
	Wos Deceosed s, no or unknown)	Ever in U. S. Armed Fore (If yes, give wor or dote	ces? s of service)	16. SOCIAL SECURITY NO. 214016368	ST AGN		ORD'S BA		CATON AVE
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24	23C. PHYSICIA NAME (T) A. BURIAL CREI REMOVAL (S) BURIAL	AATION, 248. DATE		DEGREE Phy	ST AGNI	ES HOSP	TAL-WIL	TIMORE I	
II	A. DATE REC'D	THEALTH DEPT.		Vestern Cemete OF REGISTRAR	25C. FUNER		imore, Ci		
VS	150-REV. 1/1/6	В	te						

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Burial

VS 151-REV, 1/1/68

25A. DATE REC'D BY HEALTH DEPT.

6. SEX

10/9/68

68-10268 BALTIMORE CITY HE

Bohemian National
25B. NAME OF REGISTRAR

						LTIMORE CITY H			F DEA	TII		68-	1026	R
RIE	RTH NO.		WED	ICAL	EXA	MINER'S	CERTIF	CATEO	r DEA	IH REG.	NO		1020	0
1. 1	NAME OF DEC	EASED HA	ARRY J	ACKSON	1		2. DATE OF DEATH	Knawn Estimated	Manth	Day		Year	Haur	
4.	PLACE IN BALT	IMORE, MA	RYLAND, W	HERE PRO	NOUN	ICED DEAD	3. DATE		Month	Day		Yeor	Hour	M.
HO	L NAME OF SPITAL INSTITUTION	(IF NOT	IN HOSPITA	L OR INSTI	TUTION,	GIVE STREET		RESIDENCE (Who	Octo		,	1968	9:40	A. M.
(00	1652	East 1	Belved	lere	Avenue	5. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission) A. STATE Maryland B. COUNTY							
	SEX	7. RACE				NEVER MARRIED	C. CITY OR TOWN D. INSIDE CITY LIMITS?							
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	DATE OF BIRTH	0	10.AGE (In last birthdo		Months	1 Yr. If Under 24 Hrs Doys Haurs Min		AND NUMBER						
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	BIRTHPLACE (S Batvai				U.S	AT COUNTRY?	Unk	nown						
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	Machinis	t		Balto		& Electr		nown						
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		OR COND		CTLY		Arterios	cleroti	c cardiov	ascula	r dise	ease	9		
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22A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH. 22B. PLACE OF INJURY (e.g., in or obaut 22C. WHERE DID (If in Baltimare City, give home, farm, foctory, street, office bldg., etc.) INJURY OCCUR? 22D. TIME (Month) (Doy) (Year) (Hour) 22E, INJURY OCCURRED 22F. HOWDID INJURY OCCUR?								ve exa	ct locotian)					
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	result	ed fram: N	atural cau	ses X	Acci	dent L Suic	ide 🔲 🗈 h	lamicide 🔲		mined man	ner L			
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	EXAMINI NAME (T	ype)		S. Spr	-	rte, M.D.		OCIATE MEDICA					7, 196	
	A. BURIAL CREA MOVAL (Specif		4B. DATE		24C. N	IAME of CEMETER	Y or CREMAT	ORY 24	D. LOCATIO	N (City	, tawn	, ar caunty	(St	ate)

Balto., Md.

ADDRESS

Cem. FUNERAL DIRECTOR Schimunek Funeral Home

Brehms Lane

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M.D.

24C. NAME of CEMETERY or CREMATORY

25B. NAME OF REGISTRAR

WEST LIBERTY CEM.

ASSOCIATE MEDICAL EXAMINER

25 EUNERAL DIRECTOR

24D. LOCATION

SNOWDEN

(City, town, or county)

ROCKVILLE.

ADDRESS

MARRIOTISVILLE, HOWARD, MARYLAND

SIGNATURE

EXAMINER'S NAME (Type)

25A. DATE REC'D BY HEALTH DEPT.

REMOVAL (Specify)

BURTAL

VS 151-REV. 1/1/6B

24B. DATE

10-3-68

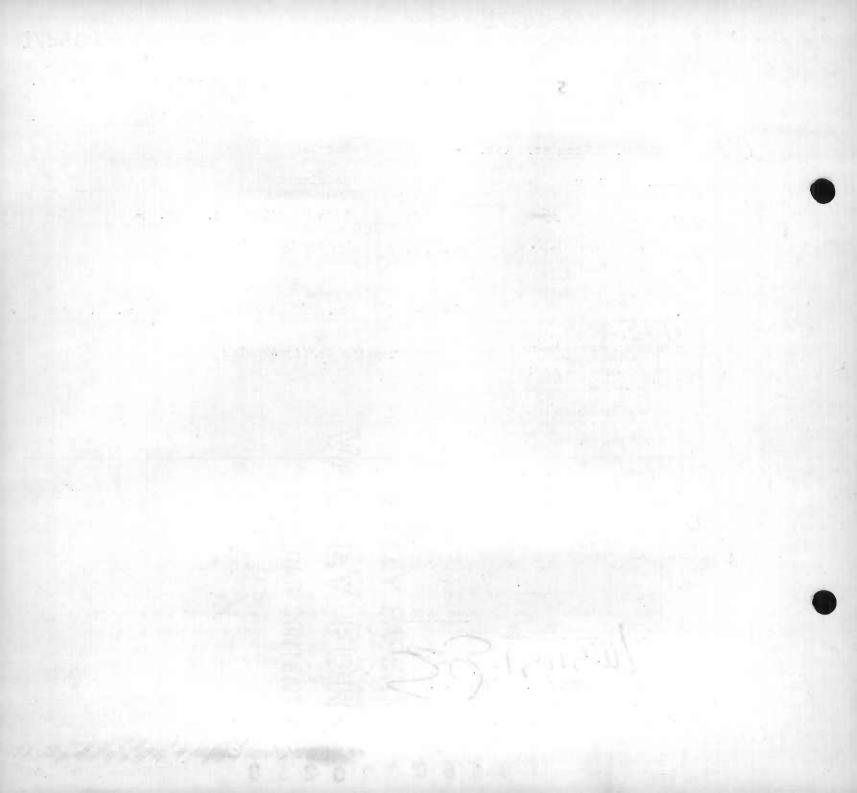
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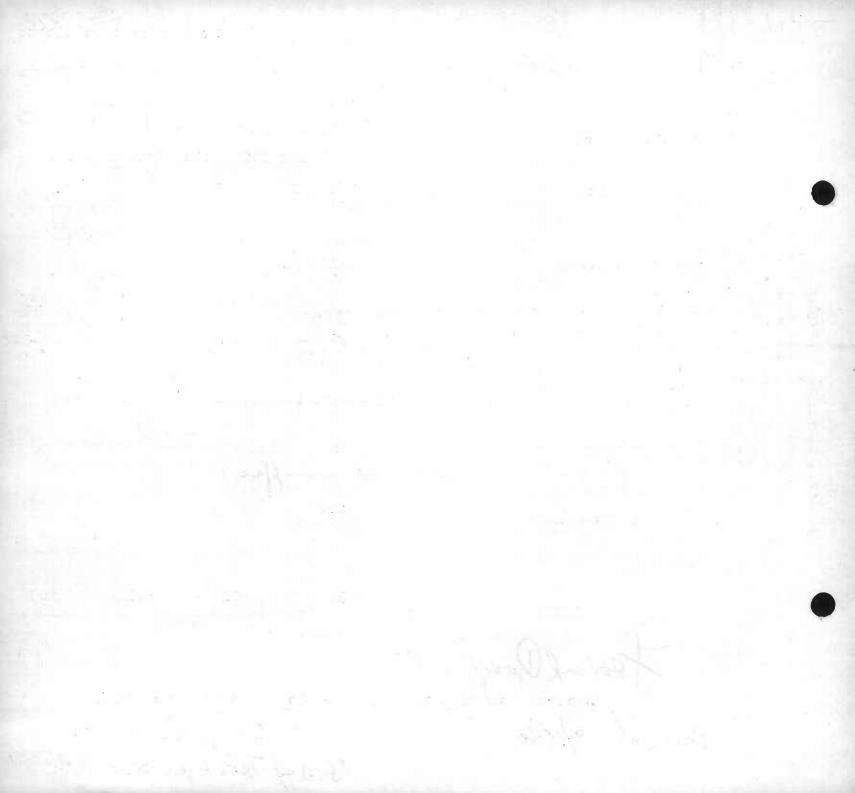
68-10270 BALTIMORE CITY HEALTH DEPARTMENT

68-10270

DIE	OTH NO	MEL	ICAL E	XAMINER 3	EKIIFI	CATE OF	DEATH	G. NO		10470
-	NAME OF DEC	FASED			2. DATE	Known X	Month D	\a	Year	Tu
(Ту	pe or Print)		RICHAR	D BROWN	OF DEATH	Estimoted	October	6, 19		Hour M.
4.	PLACE IN BAL	TIMORE, MARYLAND, V	WHERE PRON	OUNCED DEAD	3. DATE		Month [Doy	Yeor	Hour
HO	L NAME OF SPITAL INSTITUTION	(IF NOT IN HOSPIT ADDRESS OR LOCA	AL OR INSTITUT	TION, GIVE STREET		JNCED DEAD	October			10:10 P _M
		ranklin Squa	re Hosp	oital (DOA)	A. STATE	ARYLAND		UNTY	10	MORE
6.	SEX	7. RACE	B. MARRIED	NEVER MARRIED	C. CITY OR	TOWN	D. IN	ISIDE CITY	LIMITS?	
	Male	Negro	WIDOWED		BALT	IMORE	16-	()ES		ио 🗆
9. 1	DATE OF BIRTH	10.AGE (I		Inder 1 Yr. If Under 24 Hrs. oths: Doys: Hours: Min.		AND NUMBER				
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11.	Mno	V/ NACA		WHAT COUNTRY?		SE	RRAINA	,		
144	USUAL OCCU	PATION (Give kind of work	14B. KIND OF	BUSINESS OR INDUSTRY	1		ME			
don	eduring most of w	orking life, even if retired)	RADIO	A	10	_	3000			
		ED EVER IN U.S. ARME		DIVISION 17. SOCIAL	18. INFOR		1000	ADD	RESS	
(Ye	s, no or unknown)	(If yes, give wor or dotes	of service)	SECURITY NO. 214-14-185	LENA	P BRO	WN F	BALTI	MAR	E MD
	19.	o X		CAUSE OF DEA	тн	7		,,,,,		PROXIMATE INTERVAL
	DISEAS	E OR CONDITION DIRE	CTLY							cert officer Arts seam
		LEADING TO DEATH		(A)IMMEDIATE	AUSE C	erebro-cr	anial ini	uries		
Н	heort foilure,	ot meon the mode of d , osthenio, etc. It meons th aplication which caused de	e diseose,	DUE TO, OR	AS A CONSEC	UENCE OF:				
						1.44				
		NTECEDENT CAUSES OR CONDITIONS, IF AN	Y. GIVING	(B)DUE TO, OR	AS A CONSE	QUENCE OF:	**********			
L	RISE TO THE	ABOVE CAUSE (A) STA	TING THE							
O	40000			(C)						
ERTIFICATION	TO THE DEA	II IFICANT CONDITIONS C ATH BUT NOT RELATED TO CONDITION GIVEN IN F	THE TERMINA							
RT				WHICH OPERATION W	AS PERFORM	NED		[2	1. AUTO	PSY? (Yes or No)
Ö	2								Ye	28
EDICAL	UNDERLYING	NAL CAUSE WAS ZOR CONTRIB- USE OF DEATH.	228 hom	PLACE OF INJURY(e.g., e, farm, foctory, street, office Street	in or obout a e bldg., etc.)	2C. WHERE DID I				
Z	22D. TIME	(Month) (Doy) (Yea	r) (Hour)	22E INTERN OCCUPRED		2F. HOW DID IN.		ington	Avei	iue
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	result	ted from: Natural cou	ses (Accident Suicid			Undetermined m	onner 🔲		
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	SIGNATU		S. Sprin	ngate, M.D.		CIATE MEDICAL E		Octo	har 7	, 1968
L	NAME (T	уре)		/			.AAMIINEK	00.60	ner /	, 1700
	A. BURIAL CREA MOVAL (Specif		2	4C. NAME of CEMETERY	or CREMATO	DRY 24D.	LOCATION (City, town, o	or county)	(Stote)
_	BURIA	1 act /	1-1968	MT OL	IVL	NE	W WIND	USOR	RUI	PAL MD
25	A. DATE REC'D	BY HEALTH DEPT.	25B. NAM	E OF REGISTRAR	25C.	FUNERAL DIRECTO	OR A	ADD	RESS	1. 1 M
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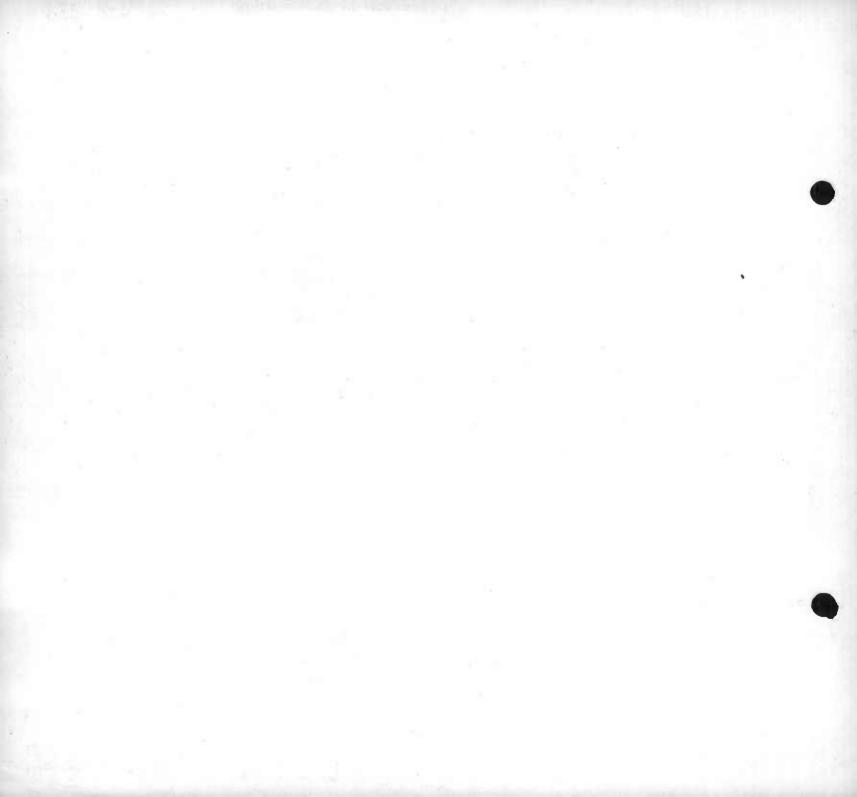
		71 BALTIMORE CITY HE		DEATH	68-40974
	MEDICA	L EXAMINER'S	LEKTIFICATE OF	PUEATH REG. NO.	68-10271
BIRTH NO.					
1. NAME OF DECEASE (Type or Print)	D		2. DATE Known C	Month Doy	Yeor Hour
MARIE	S.	BROWN	DEATH Estimoted X	October 7, 19	968 9:00 P. _{M.}
4. PLACE IN BALTIMOR	E, MARYLAND, WHERE	PRONOUNCED DEAD	3. DATE	Month Doy	Year Hour
FULL NAME OF	(IF NOT IN HOSPITAL OR IN	ISTITUTION, GIVE STREET	PRONOUNCED DEAD	0 1 0 10	60 6 20 4
HOSPITAL	ADDRESS OR LOCATION)			October 8, 19	
OR INSTITUTION			5. USUAL RESIDENCE (Whe		n: residence before odmission)
1618 N	Hilton St.	Ant R-1	A. STATE Maryland	B. COUNTY	-
			-	D. INSIDE C	V 1100753
6. SEX 7. RA	. MA	RRIED 🖾 NEVER MARRIED 🗌	C. CITY OR TOWN	D. INSIDE C	T UMIS!
female	Nagro WIDO	OWED DIVORCED	Baltimore	No.	ES NO L
9. DATE OF BIRTH	10. AGE (In years	If Under 1 Yr, If Under 24 Hrs.	E. STREET AND NUMBER	*	
	lost birthdox)	Months Doys Hours Min.			
3-7-1933	35		1618 N. Hil	ton St. Apt.	B-1
11. BIRTHPLACE (Stote of	foreign country)	12. CITIZEN OF	13. FATHER'S NAME		
New York C	ity NY	WHAT COUNTRY?	Daniamin	m = + la	
		U.S.A.	Benjamin S		
		ND OF BUSINESS OR INDUSTR	15. MOTHER'S MAIDEN NA	AME	
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		FC0 117 COCIAL	18. INFORMANT		DDDESS
(Yes, no or unknown) (If ves	ER IN U.S. ARMED FORCE, give wor or dotes of servi	ce) SECURITY NO			DDRESS
No.	1 - 7	121-24-555	Mr. Milton	Brown 1618	N. Hilton St.
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4/000	×1				BETWEEN ONSET AND DEATH
(This does not med heart foilure, osthe injury or complicati	NG TO DEATH on the mode of dying, e.g. inio, etc., if meons the disease on which coused death.) DENT CAUSES ENDITIONS, IF ANY, GIVIN VE CAUSE (A) STATING TI	(8)	AS A CONSEQUENCE OF: AS A CONSEQUENCE OF:		
UNDERLYING CO	ONDITION LAST.	(c)			
O THE DEATH BU	II NT CONDITIONS CONTRIE JT NOT RELATED TO THE TE	RMINAL			
20A. DATE OF OPER	ATION 208. CONDITIO	N FOR WHICH OPERATION W	AS PERFORMED		21. AUTOPSY? (Yes or No)
낑					
					No
UNDERLYING OR UTING CAUSE O	CONTRIB-	228. PLACE OF INJURY (e.g., home, form, foctory, street, office	in or obout 22C. WHERE DID INJURY OCCUR?	(If in Boltimore City, give exc	ct locotion)
OF INJURY (APPROX.)) (Doy) (Yeor) (H	WHILE AT NOT NOT NOT NOT NOT NOT NOT NOT NOT NO	WHILE 22F. HOW DID II	NJURY OCCUR?	g 1800 FF -
23.		Al t			
		Inspection X Au		,	
resulted	om: Notural causes	Accident Suicio		Undetermined manner	
	1111	1 5	CHIEF MEDICAL	EXAMINER	DATE SIGNED
ACTUAL	12/1/2/	17/	ASSISTANT MEDICAL	EXAMINER X	DATE SIGNED
SIGNATURE	~ IVVY	M.D			10/8/68
EXAMINER'S	Werner U.	Spitz, M.D.	ASSOCIATE MEDICAL	L EXAMINER	10/0/00
NAME (Type)	MCTITET O. I				
24A. BURIAL CREMATIO	N, 248. DATE	24C. NAME of CEMETERY	or CREMATORY 24E	LOCATION (City, town	n, or county) (Stote)
REMOVAL (Specify)					
Burial	10-11-68	Mount Aubu	rn Cemetery	baltimore,	Maryland
25A. DATE REC'D BY HE	ALTH DEPT 258.	NAME OF REGISTRAR	25C. FUNERAL DIRECTION TO THORNTON	TOR S.FUNERAL, HO Pomonk	ME Rte l Boxl.

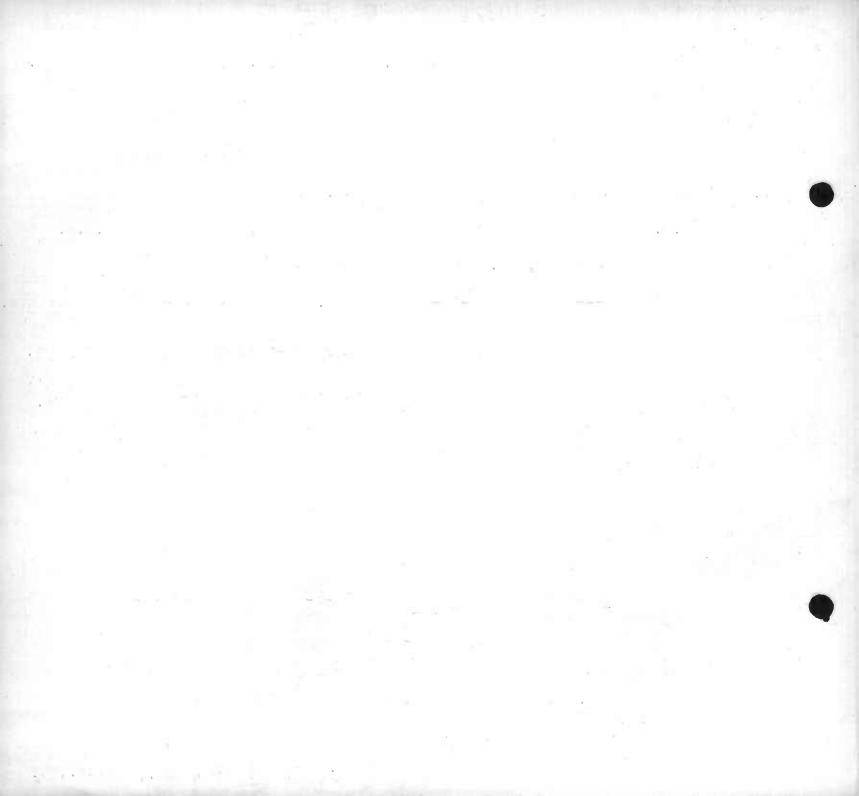


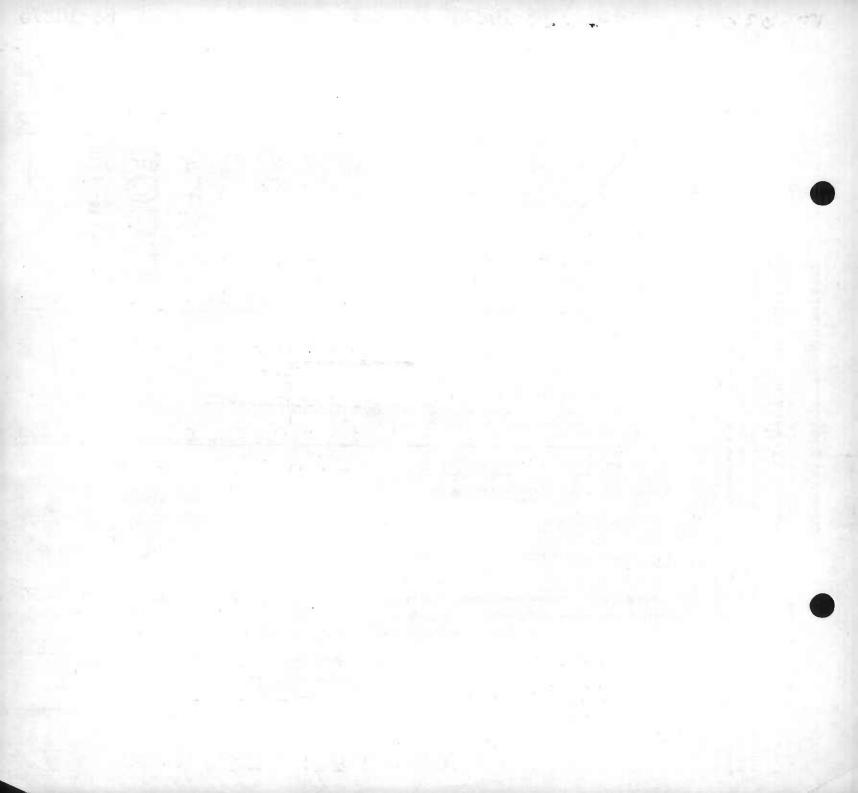


BALTIMORE CITY HEALTH DEPARTMENT

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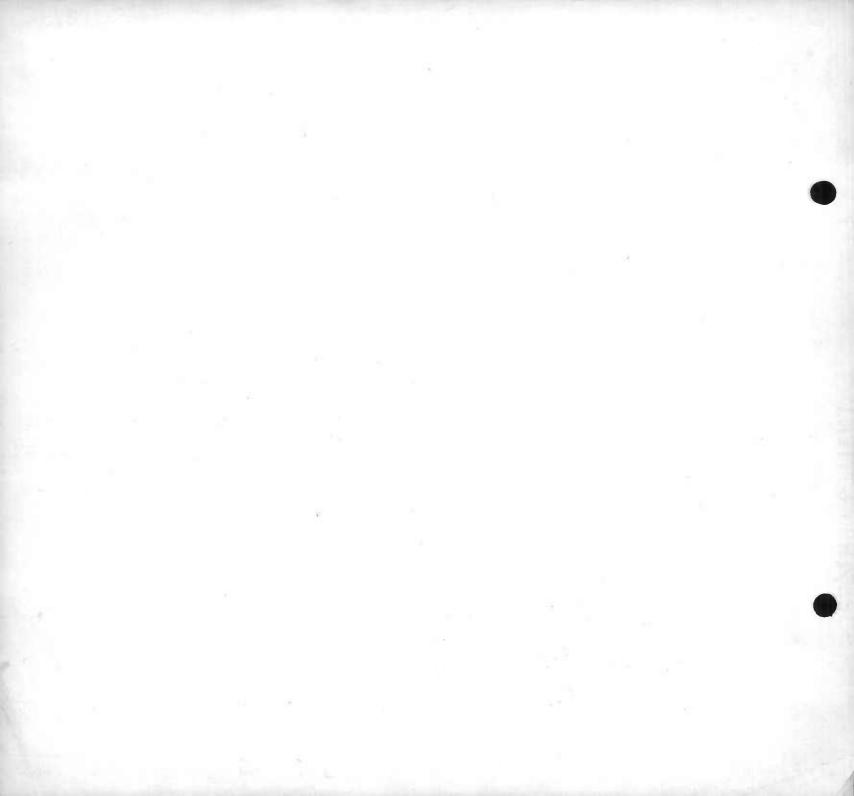




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ME CASE NO. I.NAME OF DECEASED (Type or Pand) 3. PLACE OF DEATH IN BALTIMORE, MARYLAND FULL NAME OF HOSPITAL OR INSTITUTION THE JOHNS HOPKINS HOSPITAL BALTIMORE, MD 21205 5. SEK O. RACE MARYLAND 1. STREET ADDRESS TO STREET ADDRESS	NO. OF DEATH POLICE SEED DAVIS. JESSIE L. USUAL RESIDENCE I Where deceased fixed. It institution residence admission to the common of the c			68-	10278 BALTIMORE CI	TY HEALTH DEPARTMENT		68-10278
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68-10279 CERTIFICA	Y HEALTH DEPARTMENT ATE OF DEATH REG. NO. 68-10279
I, NAME OF DECEASED	2, DATE AND HOUR OF DEATH
(Type or Print) . Edward Thomas	10=8-68 '1 7:50 A. M.
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION) INSTITUTION	A. USUAL RESIDENCE (Where deceosed lived, If institution: residence before odmission) A. STATE 8. COUNTY Maryland C. CITY OR TOWN D. INSIDE CITY LIMITS?
39 Provident Hospital, Inc.	Baltimore, E. STREET AND NUMBER 522 N. Pine Street
5. SEX MARRIED NEVER MARRIED NEVER MARRIED DIVORCED DIVORCED	8. DATE OF BIRTH 9. AGE (In yeors If Under 1 Yr. If Under 24 Hrs. Months; Days Hours Min.
to A. USUAL OCCUPATION (Give kind of work 10 B. KIND OF BUSINESS OR INDUSTRY done during most of working life, even if retired) Retired	Virginia 11. BIRTHPLACE (Stote or foreign country) Virginia 12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dotes of service) 16. SOCIAL 255URITHO-566	Mrs. Julia B. Williamson-HK SAME
heat failure, asthenia, etc. It means the disease, injury or complication which coused death.)	BETWEEN ONSET AND DEATH

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(If yes, give was as dates of service)	228 07º5661	3	Williamson-HK	
		mis. ourra p.	WILLIAMSON-IN	SETTE
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DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A-DATE OF OPERATION 19B. CONDITION FOR WAS PERFORMED	WHICH OPERATION	20A. AUTOPSY? (Yes or No.	208. IF YES, WERE FINDING IN CERTIFYING CAUSES OF	S CONSIDERED DEATH?
	B. PLACE OF INJURY (e.g., in ne, larm, loctory, street, olf a)		(If In Boltimore City, g	ive exact location)
	INJURY OCCURRED	21 F. HOW DID INJ	URY OCCUR?	
21 D. TIME (Month) (Doy) (Yeor) (Hour) 21E OF INJURY (APPROX.)	nile At Not While At Work			
22. I certify that (1) (this hospital) attended			968 to October	
that (I) (we) lost saw the deceased alive on	Odober 8,	1968 and the	at In(my) (aur) opinian de	oth accurred on the d
and hour and fram the couses stated above. (
23A. SIGNATURE			23B, D.	ATE SIGNED
M. J. K.	DEGREE Phys.	Med. Director	Staff 10	-8-68
23C. PHYSICIAN'S NAME (Type)	2	3D. ADDRESS		
MIN JA KOO	/ DEGREE			
A. BURIAL CREMATION, 248. DATE 24C.N BUT121 11/12/68		Cemetry A		or county) (State)
A. DATE REC'D TO HEAUTH DEPT 258. NAME	OF REGISTRAR	25C. FUNERAL DIRECTOR		ADDRESS
A TOO Wood	be broken ?	QAdolphus	Halstead 12	206 W North

VS 150-REV. 1/1/68

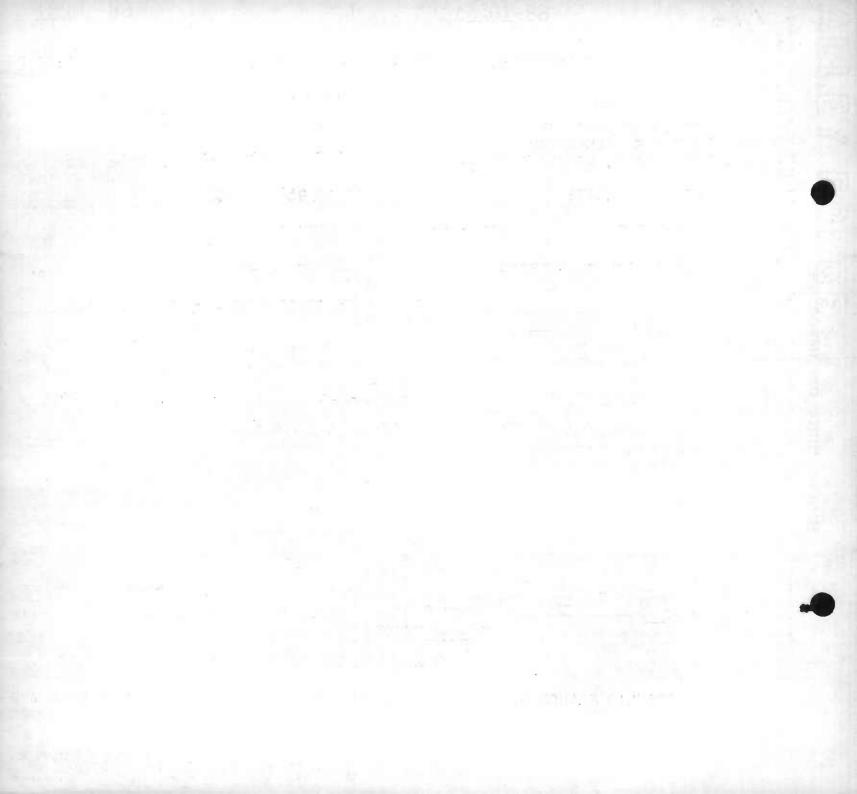
North Ave



21202

BALTIMORE CITY HEALTH DEPARTMENT

BALTIMORE CITY HEALTH DEPARTMENT



MEDICAL EXAMINER'S C	CERTIFICATE OF DEATH REGINO.	
BIRTH NO.		
1. NAME OF DECEASED (Type or Print)	OF	/eor Hour
JAMES LEROY COPELAND	DEATH Estimoted Uctober /, 196	
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	PRONOLINCED DEAD	feor Haur
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL ADDRESS OR LOCATION) OR INSTITUTION	October /, 1968 5. USUAL RESIDENCE (Where deceased lived. If institution: residence in the control of the cont	7:55 P. M.
University Hospital SEPARETED	A. STATE Maryland B. COUNTY	comico
6. SEX 7. RACE 8. MARRIED NEVER MARRIED NEVE	C. CITY OR TOWN D. INSIDE CITY LIN	12-12
male negro WIDOWED DIVORCED 9. DATE OF BIRTH 10. AGE (In years If Under 1 Yr. If Under 24 Hrs.	Salisbury YES L	NO X
10-11-1913 last birthday Months Days Hours Min.	685%Hidle-Street418 Patrick	Ave
11. BIRTHPLACE (State or fareign country) 12. CITIZEN OF WHAT COUNTRY?	13. FATHER'S NAME	
MARYLAND U.S.A. 14A.USUAL OCCUPATION (Give kind of work) 14B. KIND OF BUSINESS OR INDUSTRY		rews Hawkim
dane during most of working life, even if retired)	CAN STREET, CONTRACTOR OF THE CONTRACTOR	UNKN
Canning	18. INFORMANT ADDRES	ss Balte, Md
(Yes, no arunknawn) (If yes, give wor ar dotes of service) No. 216-12-4234	Elizabeth Copeland McKnigh	
19. CAUSE OF DEA	тн	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY Cranica	cerebral Injury	
LEADING TO DEATH		
	AS A CONSEQUENCE OF:	
ANTECEDENT CAUSES (B)		
	AS A CONSEQUENCE OF:	
Z UNDERLYING CONDITION LAST. (C)		ir die () no ser servireite met de alle motife () ein ein de () menuraireite menuraireit. () mi dan de () ()
E E 8/3.7 "		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WA		
20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WA	AS PERFORMED 21.	AUTOPSY? (Yes or Na)
		Yes
☐ UTING ☐ CAUSE OF DEATH. street	in or about 22C. WHERE DID (If in Boltimore City, give exact loce bldg, etc.) NJURY OCCUR? Intersection of East Road, Salisbury, Mary	Booth St. and
22D. TIME (Manth) (Doy) (Year) (Hour) 22E. INJURY OCCURRED	WHILE ET	was struck by
23.		
	and that an this basis, death in my apin	ian
resulted fram: Natural causes Accident X Suicid		
ACTUAL SIGNATURE / I I I I I I I I I I I I I I I I I I	ASSISTANT MEDICAL EXAMINER X	DATE SIGNED
EXAMINERS Werner U. Spitz M.D. NAME (Type)	ASSOCIATE MEDICAL EXAMINER	10/8/68
24A. BURIAL CREMATION, REMOVAL (Specify) 24B. DATE 24C. NAME of CEMETERY	ar CREMATORY 24D. LOCATION (City, town, ar c	caunty) (State)
Burial 10-10-68 Fountain Mi		
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR OCT 1 4 1868 R. Salver	25C. FUNERAL DIRECTOR 263 W. P.	trick St.
	Call Hicks 111 Frederick	r, Md

The second second

23100

. NAME OF D	ECEASED			2, DATE AND	HOUR OF DEATH	
Type or Print)	MINNIE R	LIBIN		OCTOBE	R 8, 1968	8:50 A.
PLACE IN B	ALTIMORE, MARYLAND, V	VHERE PRONOL	UNCED DEAD		deceased lived. If in	nstitution: residence before admissi
FULL NAME C	F (IF NOT IN HOSPI)	TAL OF INSTIT	UTION, GIVE STREET	MARYLAND		A STATE OF THE PARTY OF THE PAR
HOSPITAL OR	ADDRESS OR LOC	ATION)	DIION, GIVE STREET	C. CITY OR TOWN	S. WS	SIDE CITY LIMITS?
	DERE NURSING H	ONE		BALTIMORE		YES NO
	. BELVEDERE A			E. STREET AND NUMBER		
CESES W	V. DELVEVERE A	VENUE		4001 NORFOL	K AVENUE	
SEX	6. RACE	7. MARRIED	NEVER MARRIED		AGE (In years	If Under 1 Yr. If Under 24 H Months Doys Hours Min.
FEMALE	E WHITE	WID OWED,	DIVORCED _		85	
	CUPATION (Give kind of wor of working life, even if retired)	k 108, KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign	n country)	12. CITIZEN OF WHAT COUNT
HOUSE		AT	HOME	RUSSIA		U.S.A.
3. FATHER'S N		1	7101110	14. MOTHER'S MAIDEN NAM	E	U.S.A.
?	ASHER			KATHERINE	?	
5. Was Deceas	ed Ever in U. S. Armed Fo	rces?	1 6. SOCIAL	17. INFORMANT	ě	ADDRESS
les, no or unkno	wn) (If yes, give war ar dat	es of service)	SECURITY NO.			
NO			CAUSE OF DEAT	MRS. PAULINE LEG	UM. 8205 P	UMPKIN SEED CT. #
hearl foilur	e nal mean the mode of e, osthenio, etc. It means omplication which caused ANTECEDENT CAUSES	s the disease, d death.)	(A) IMMEDIATE CA DUE TO, OR AS	aconsequence of:	cleni-	7.
heort foilur injury or c	e, osthenio, etc. It means omplication which caused	s the disease, d death.) S ony, giving	(B) DUE TO, OR AS	aconsequence of: Labred attin A CONSEQUENCE OF: putturm	clens-	ر.
DISEASES rise lo UNDERLYI OTHER SIGN TO THE DE	e, oslhenio, elc. Il means omplication which causes ANTECEDENT CAUSE: OR CONDITIONS, if the above cause (A) NG CONDITION last. Il wificant conditions CC (ATH BUT NOT RELATED TO	s the disease, d death.) Sony, giving stoling the DNTRIBUTING	(B) LENGE TO, OR AS	aconsequence of: A CONSEQUENCE OF: A CONSEQUENCE OF: Puttum	clens-	7
DISEASES rise lo UN DERLYI OTHER SIGN TO THE DISEASE OF	e, osthenio, etc. It means omplication which caused ANTECEDENT CAUSES OR CONDITIONS, if the above cause (A) NG CONDITION last. IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	s the disease, d death.) S ony, giving stoling the DNTRIBUTING THE TERMINAL RT 1 (A).	(B) LENGE TO, OR AS	halved arthing a consequence of:	Clem-	FINDINGS CONSIDERED AUSES OF DEATH?
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DISEASES rise lo UN DERLYI OTHER SIGN TO THE DE DISEASE OR 19 A. DATE OR CONTR DEATH (no	e, oslhenio, elc. Il means omplication which caused ANTECEDENT CAUSES OR CONDITIONS, if the above cause (A) NG CONDITION lost. Il NIFICANT CONDITIONS CONTAINED TO CONDITION OF CONDITION PARTICLE TO CONDITION OF OPERATION 198. CONDITION OF OPERATION 198. CONDITION OF OPERATION 198. CONDITION OF OPERATION 198. CONDITION 198. CONTAINED TO CONDITION 198. CONTAINED TO CO	s the disease, d death.) Sony, giving sloling the DNTRIBUTING THE TERMINAL RT 1 (A). NOTION FOR VERFORMED 218, hometc. (Hour) 21E.	(B) DUE TO, OR AS (B) DUE TO, OR AS (C) WHICH OPERATION PLACE OF INJURY (e.g., form, foctory, street, co.)	20A. AUTOPSY? (Yes or No) in or about 21C. WHERE DID ffice bidg., INJURY OCCUR?	(II in Baltima	FINDINGS CONSIDERED AUSES OF DEATH?
DISEASES rise lo UN DERLYI OTHER SIGN TO THE DE DISEASE OF 19A. DATE 21A. ACCID OR CONTR DEATH (no)	e, osthenio, etc. It means omplication which caused ANTECEDENT CAUSE: OR CONDITIONS, if the above cause (A) NG CONDITION lost. I NIFICANT CONDITIONS CONTINUE AND THE LATED TO PARTIE AND TO PARTIE	s the disease, d death.) Sony, giving sloling the DNTRIBUTING THE TERMINAL RT 1 (A). NOTION FOR VERFORMED 218, hometc. (Hour) 21E.	(C)WHICH OPERATION PLACE OF INJURY (e.g., te, form, foctory, street, ce). INJURY OCCURRED ile At Not Whi	20A. AUTOPSY? (Yes or No) in or about 21C. WHERE DID inffice bldg., INJURY OCCUR?	(II in Baltima	FINDINGS CONSIDERED AUSES OF DEATH?
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NO OTHER SIGN TO THE SIGN TO T	e, oshenio, etc. Il means omplication which caused ANTECEDENT CAUSE: OR CONDITIONS, if the above cause (A) NG CONDITION lost. Il NIFICANT CONDITIONS CONTROL CONDITION GIVEN IN PARTICLE TO THE CONDITION GIVEN IN PARTICLE TO THE CONDITION GIVEN IN PARTICLE TO THE CONDITION GIVEN IN PARTICLE TO THE CONDITION GIVEN IN PARTICLE TO THE CONTROL CAUSE OF THE C	ony, giving sloling the DNTRIBUTING THE TERMINAL RT 1 (A). NOTION FOR VERFORMED 21B. hometc. (Hour) 21E. Wh.	WHICH OPERATION PLACE OF INJURY (e.g., street, or stre	20A. AUTOPSY? (Yes or No) in or about 21C. WHERE DID ffice bldg., INJURY OCCUR? 21F. HOW DID INJU le 19 67 ond tho	(II in Baltimo	FINDINGS CONSIDERED AUSES OF DEATH? Ore City, give exact location)
DISEASES rise lo UNDERLYI OTHER SIGN TO THE SIGN TO T	e, oshenio, etc. II means omplication which caused ANTECEDENT CAUSE: OR CONDITIONS, if the above cause (A) NG CONDITION lost. IINFICANT CONDITION S COLOR CONDITION GIVEN IN PACTOR OF OPERATION 198. COLOR CONDITION GIVEN IN PACTOR CAUSE OF 199. CAUSE OF	ony, giving sloling the DNTRIBUTING THE TERMINAL RT 1 (A). NOTION FOR VERFORMED 21B. hometc. (Hour) 21E. Wh.	WHICH OPERATION PLACE OF INJURY (e.g., street, or stre	20A. AUTOPSY? (Yes or No) in or about 21C. WHERE DID iffice bidg., INJURY OCCUR? 21F. HOW DID INJU	(II in Baltimo	FINDINGS CONSIDERED AUSES OF DEATH? THE City, give exact location)
NO OTHER SIGNED TO THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DEATH (no DEATH (no THE DEAT	e, oshenio, etc. II means omplication which caused ANTECEDENT CAUSE: OR CONDITIONS, if the above cause (A) NG CONDITION lost. IINFICANT CONDITION S COLOR CONDITION GIVEN IN PACTOR OF OPERATION 198. COLOR CONDITION GIVEN IN PACTOR CAUSE OF 199. CAUSE OF	ony, giving sloling the DNTRIBUTING THE TERMINAL RT 1 (A). NOTION FOR VERFORMED 21B. hometc. (Hour) 21E. Wh.	WHICH OPERATION PLACE OF INJURY (e.g., tee, form, foctory, street, te, form) INJURY OCCURRED ile At	20 A. AUTOPSY? (Yes or No) in or about 21 C. WHERE DID infince bldg., INJURY OCCUR? 21 F. HOW DID INJU le	(II in Baltimo	FINDINGS CONSIDERED AUSES OF DEATH? Ore City, give exact location) Inian death occurred an the d
NO DISEASES rise lo UN DERLYI OTHER SIGNED TO THE SIGNED TO THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DEATH (no 21 D. TIME OF INJURY (APPROX.) 21 D. TIME OF INJURY (APPROX.) 22 I certithout (I) (wand hour of 23 A. SIGNA 23 C. PHYSIS	e, oshenio, etc. Il means omplication which caused ANTECEDENT CAUSE: OR CONDITIONS, if the above cause (A) NG CONDITION lost. Il NIFICANT CONDITION S CO. ATH BUT NOT RELATED TO CAUSE OF The CONDITION GIVEN IN PA. OF OPERATION 1798. CO. MAS PER (Month) (Day) (Year) (Month) (Day) (Year) fy that (1) (this hospital see) last saw the decease and fram the causes stand fram the cause st	ony, giving sloling the DNTRIBUTING THE TERMINAL RT 1 (A). NOTION FOR VERFORMED 21B. hometc. (Hour) 21E. Wh.	WHICH OPERATION PLACE OF INJURY (e.g., see, form, foctory, street, ce) INJURY OCCURRED ile At Not Which AI Work he deceased from (1) (We) (did) (did not)	20 A. AUTOPSY? (Yes or No) in or about 21 C. WHERE DID infince bldg., INJURY OCCUR? 21 F. HOW DID INJU le	(II in Baltimo	FINDINGS CONSIDERED AUSES OF DEATH? Ore City, give exact location) Linian death occurred an the d
NO TO THE SIGN TO	e, oshenio, etc. Il means omplication which caused ANTECEDENT CAUSE: OR CONDITIONS, if the above cause (A) NG CONDITION lost. Il NIFICANT CONDITIONS CONTION TO THE LATED TO	ony, giving sloling the DNTRIBUTING THE TERMINAL RT 1 (A). NOTION FOR VERFORMED 21B. hometc. (Hour) 21E. Wh.	WHICH OPERATION PLACE OF INJURY (e.g., tee, form, foctory, street, te, form) INJURY OCCURRED ile At	20 A. AUTOPSY? (Yes or No) in or about 21 C. WHERE DID inffice bidg., INJURY OCCUR? 21 F. HOW DID INJU le 21 f. How did in injury occurs 22 f. How did injury occurs 24 f. J. J. J. S. J	(II in Baltimo	FINDINGS CONSIDERED AUSES OF DEATH? Ore City, give exact location) Inian death occurred an the d

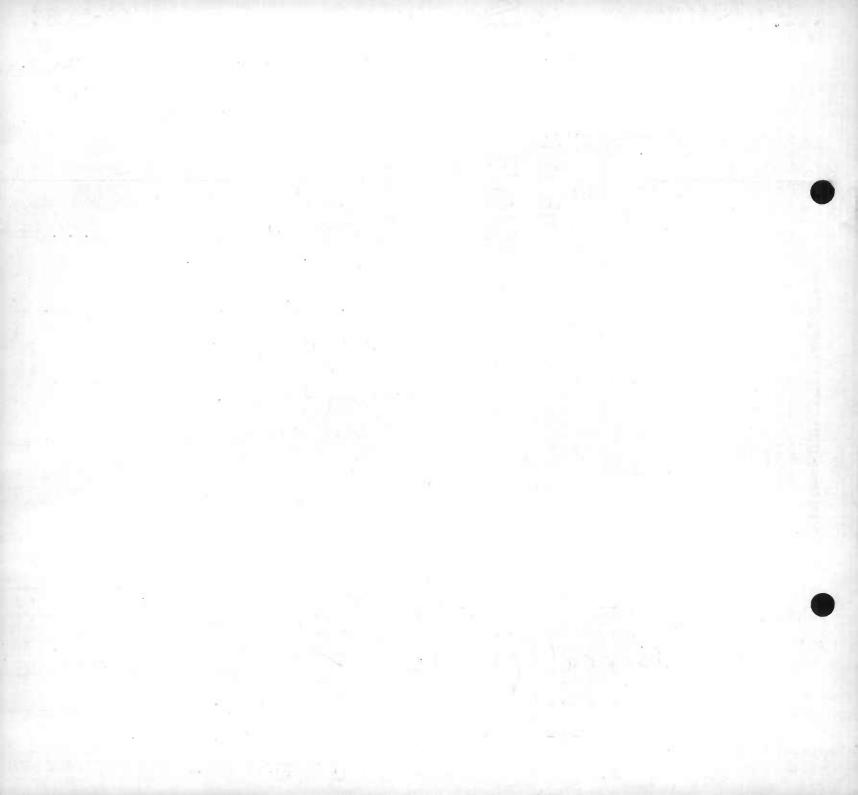
25C. FUNERAL DIRECTOR

LOVINSONDE

BROS.,6010

ADDRESS REISTERSTOWN ROAD

25B. NAME OF REGISTRAR



CO 1000 BALTIMORE	CITY HEALTH DEPARTMENT	68-10284
725 68-10284 CERTIFIC	CATE OF DEATH	REG. NO.
BIRTH INC.		
1. NAME OF DECEASED (Type or Print)	2. DATE AND HO	
MINNIE ELLISON	OCTOBER	9, 1908 8 A.
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	A. STATE B. COUNTY	eosed lived. It institution: residence before admissi
FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	MARYLAND	10-02
HOSPITAL OR ADDRESS OR LOCATION)	C. CITY OR TOWN	DANSIDE CITY LIMITS?
PALL MALL NURSING HOME	BALTIMORE	YES NO
4601 PALL MALL ROAD	E. STREET AND NUMBER	
	4203 LIBERTY HE	
5. SEX 6. RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH 9. AG	E (In years If Under 1 Yr. II Under 24 F rthdoy) Months Doys Hours Min,
FEMALE WHITE WIDOWED DIVORCED		74
10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (State or foreign car	intry) 12. CITIZEN OF WHAT COUN
dane during most of working life, even if retired) PROPRIETOR RO OMING HOUSE	LATVIA	u.s.A.
PROPRIETOR RO OMING HOUSE	14. MOTHER'S MAIDEN NAME	U.J.A.
JOSHUA ELLISON	HANNAH ROSE	
15. Was Deceased Ever in U. S. Armed Forces? (Yes,no or unknown) (II yes, give wor ar dates of service) 16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
NO 215-42-111	1 MR. DAVID ELLISON.	5535 BELLEVILLE AVENUE
18. CAUSE OF D		APPROXIMATE INTERVA
DISEASE OR CONDITION DIRECTLY	D 1 . 1	
LEADING TO DEATH	CAUSE Garkensons 1	resease 10 900
(This daes not mean the made all dying, e.g., heart failure, asthenia, etc. It means the disease,	R AS A CONSEQUENCE OF:	
injury ar camplication which caused death.)		
ANTECEDENT CAUSES		
DISEASES OR CONDITIONS, if any, giving DUE TO, O	R AS A CONSEQUENCE OF:	
rise to the above cause (A) stating the		1
UNDERLYING CONDITION last. (C)		
Z 350 X II		
O THER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL UDISEASE OR CONDITION GIVEN IN PART 1 (A).		
DISEASE OR CONDITION GIVEN IN PART 1 (A).	20A. AUTOPSY? (Yes or No) 20B.	IE VES WEBE EINDINGS CONSIDERED
198. CONDITION FOR WHICH OPERATION WAS PERFORMED	IN IN	IF YES, WERE FINDINGS CONSIDERED CERTIFYING CAUSES OF DEATH?
U 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or about 21C, WHERE DID	(If in Boltimore City, give exact location)
OR CONTRIBUTING CAUSE OF OR CONTRIBUTING HORDON Street Contribution CAUSE OF DEATH (notify medical examiner)	e.g., in or obaut 21C. WHERE DID et, office bldg., INJURY OCCUR?	(ii) iii daniii danii da
21D. TIME (Month) (Doy) (Yeor) (Hour) 21E. INJURY OCCURRED OF INJURY		CCUR?
	While Work	. 1
22. I certify that (I) (this hospital) attended the deceased from	1930	10 10/9 1968
that (I) (we) lost saw the deceased alive on 10/9		(my) (our) opinion deoth occurred an the d
		my, car, opinion scorn occurred an tile o
and haur and from the causes stated above. (1) (We) (did) (did n	at) view the bady after death.	DATE SIGNED
23A. SIGNATURE	Attending Med. Staff	23B. DATE SIGNED
/ lderad & - Mallins MID	Phys. Director Phys.	10/10/68
25C. PHYSICIAN'S NAME (Type)	23D. ADDRESS	
EDWARD S. KALLINS	6000 PARK HEIGHTS	AVENUE
24A, BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY a	CREMATORY 24D. LOCATI	ON (City, town, or county) (Stote)

NAME (Type)

EDWARD S. KALLINS

DEGREE

24A. BURIAL CREMATION, REMOVAL (Specify)

BURIAL

10-10-68

HEB REW FRIENDSHIP

25A. DATE REC'D BY HEALTH DEPT.

25B. NAME OF REGISTRAR

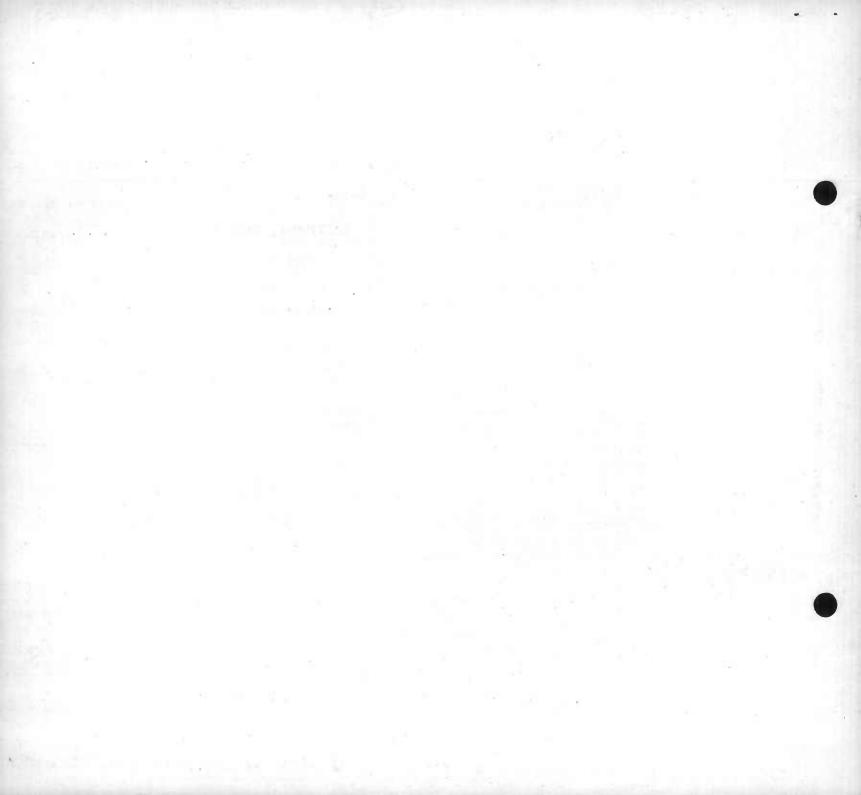
25C. FUNERAL DIRECTOR

SOL LEVANSON & BROS., 6010 REISTERSTOWN ROAD

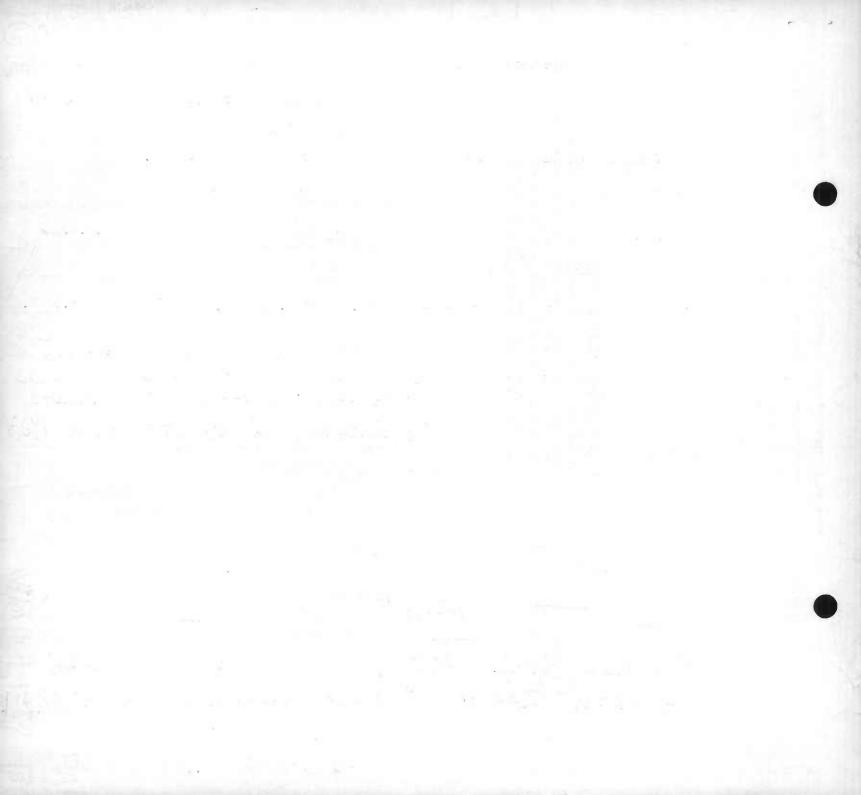
VS 150-REV. 1/1/68



17	AME OF DEC					AND HOUR OF DEATH	Н
цур	e or Print)	BERTHA	R. FELDS	TEIN		OBER 9, 1968	9
3. P	LACE IN BAL	TIMORE, MARYLAND,	WHERE PRONO	UNCED DEAD	4. USUAL RESIDENCE (\ A. STATE B. CC	Where deceased lived. If	institution: residence befor
HO	L NAME OF	(FF NOT IN HOS ADDRESS OR LO	PITAL OR INSTIT	UTION, GIVE STREET	MARY LAND	B a D. IN	ISIDE CITY LIMITS?
2		NURSING HO	ME		E. STREET AND NUMBE		YES NO
5. SI		6. RACE	7	m	B. DATE OF BIRTH	P. AGE (In years	If Under 1 Yr. If U
				NEVER MARRIED		lost birthdoy)	Months Doys Hours
	EMALE	WHITE	WIDOWED		1-19-1911 Y 11. BIRTHPLACE (Stote or	57	12, CITIZEN OF WHA
		working life, even if relire	d)				
13 =	HOUSEU		AT	HOME	BALTIMORE,		U.S.A.
- J+ F							
E 11		KILBERG	E	11 / 20 01 11		OLONSKY	
Yes,	no or unknown	(If yes, give wor or d	otes of service)	1 6. SOCIAL SECURITY NO.	MR. EPHRAIM F	ELDSTEIN. 696	60 BROOKMILL 1
1	10			215-10-6368 CAUSE OF DEA	APT. 1 C. M	ILBROOK PARK	APTS. #2121
	DISEASES C	ANTECEDENT CAUS CONDITIONS, in above cause (A	ES fony, giving		S A CONSEQUENCE OF:	riwaryi	macocruci
ATIC	DISEASES OF THE SIGNIFT TO THE DEAT DISEASE OF C	ANTECEDENT CAUS OR CONDITIONS, is above cause (as CONDITION los). II ICANT CONDITIONS (AS CONDITION CONDITION GIVEN IN INCONDITION GIVEN IN INCONDITION 1798. CONDITION 17988	f ony, giving A) stoting the CONTRIBUTING OTHE TERMINAL PART 1 (A).	(c)	S A CONSEQUENCE OF:	r Noil 208. FF YES, WERE	E FINDINGS CONSIDEREI AUSES OF DEATH?
CERTIFIC	DISEASES CONTROL OF CONTROL OF CONTROL	ANTECEDENT CAUS OR CONDITIONS, is above cause (GONDITION los). I ICANT CONDITIONS (H BUT NOT RELATED TO ONDITION GIVEN IN II OPERATION 198. CONTINUES OF THE CONTINUES OF TH	of ony, giving A) stoling the CONTRIBUTING D'THE TERMINAL D'ART 1 (A). ONDITION FOR TERFORMED 218 hon	(C)	S A CONSEQUENCE OF:	r No) 208, IF YES, WERE IN CERTIFYING C	E FINDINGS CONSIDERED
CAL CERTIFIC	DISEASES OF CITISE IN THE PROPERTY OF THE DEAT DISEASE OR CONTRIBLE DEATH (notify	ANTECEDENT CAUS OR CONDITIONS, is above cause (/ G CONDITION lost). IL CANT CONDITIONS (IN BUT NOT RELATED TO ONDITION GIVEN IN IN 10 OPERATION 179B. C. WAS P.	f ony, giving A) stoling the CONTRIBUTING D THE TERMINAL ART 1 (A). ONDITION FOR TERFORMED 218 hon etc.	WHICH OPERATION S. PLACE OF INJURY (e.g., ne, form, foctory, street,	20A. AUTOPSY? (Yes of the property of the prop	r No) 208, fF YES, WERE IN CERTIFYING C.	E FINDINGS CONSIDERED
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	CITY HEALTH DEPARTMENT 68-10286
68-10286 CERTIFIC	CATE OF DEATH REGINO.
NAME OF DECEASED Type or Print)	2. DATE AND HOUR OF DEATH
ZUCKER, MO	
PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceosed lived, If institution: residence before odmissio A. STATE 8. COUNTY
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET	Maryland Balto.
HOSPITAL OR ADDRESS OR LOCATION)	C. CITY OR TOWN D. INSIDE CITY LIMITS?
3.3	Pikesville YES NO
The Johns Hopkins Hospital	20 Warren Park Dr., APT. C 2
SEX 6. RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years If Under 1 Yr., If Under 24 Hr
Female WHITE WIDOWED DIVORCED	losi diffically
OA. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDU	J J Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z
one during most of working life, even if retired) HOUSEWIFE AT HOME	YORK. PENNSYLVANIA U.S.A.
FATHER'S NAME	14. MOTHER'S MAIDEN NAME
IDT WILL	SARAH BOOK
5. Was Deceased Ever in U. S. Armed Forces? 16. SOCIAL	17. INFORMANT ADDRESS
(es, no or unknown) (If yes, give wor or dotes of service) 8.60 (15-03-518)	A UP LAUTE T THOYED ON HAPPEN DADY OF APT
NU 215-03-5180	
DISEASE OR CONDITION DIRECTLY	BETWEEN ONSET AND DEA
LEADING TO DEATH (A)IMMEDIATE	ECAUSE REspiratory failure. Traver
(This does not meon the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,	R AS A CONSEQUENCE OF
injury or complication which coused death.)	etral, reparce and several
ANTECEDENT CAUSES	us metastrois nears
DISEASES OR CONDITIONS, if ony, giving DUE TO, O	DR 45 A CONSEQUENCE OF:
rise to the obove couse (A) stoting the UNDERLYING CONDITION lost.	ringua of breast sure 176
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OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	[20] N. M. M. J. 44
DISEASE OR CONDITION GIVEN IN PART 1 (A). 194. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
	(e.g., in or obout 21 C. WHERE DtD (If in Boltimore City, give exact location)
	set, office bldg., INJURY OCCUR?
21D. TIME (Month) (Doy) (Yeor) (Hour) 21E, INJURY OCCURRED	D 21F. HOW DID INJURY OCCUR?
OF INJURY While At Not	While
	Work L
22. I certify that (I) (this hospital) attended the deceased from.	
that (I) (we) lost sow the deceased alive on 10-10	
ond hour ond from the couses stoted obove. (1) (We) (did) (dld n	
23A. SIGNATURE	Attending Med. Staff D
Scraw Same	Phys. Director Phys. 4
23C.PHYSICIAN'S NAME (Type)	23D. ADDRESS
BERTRAM LARINS,	EGREE JOHNS HOPKING HOSPITAL, Dalto, 1
4A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY o	OF CREMATORY 24D LOCATION (City, town, or county) (State)
BURIAL 10-11-68 MIKRO KODESH B	BALTIMORE, MARYLAND
SA. DATE REC'D BY HEALTH DEPT. 258, NAME OF REGISTRAR	25C. FUNERAL DIRECTOR, ADDRESS
1 # 1200 (Comp. 8) days	SOL LEVINSON & BROS., 6010 REISTERSTOWN RO
4A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of BURIAL 10-11-68 MIKRO KODESH B	BETH ISRAEL BALTIMORE, MARYLAND 25C. FUNERAL DIRECTOR, ADDRESS



	68-10	DAY BALTIMORE CITY	HEALTH DEPARTMENT		68_10997
	00_10	CERTIFICA	TE OF DEATH	REG. NO.	68-10287
BIRTH NO.		CERTITICA			
I, NAME OF DECEASED (Type or Print)			1	D HOUR OF DEATH	
MEISER	HILDA BAY	1.7		ber 7, 1968	
MEISER 3. PLACE IN BALTIMORE, N	ARYLAND, WHERE PRO	NOUNCED DEAD	4. USUAL RESIDENCE (Where A. STATE B. COUN	e deceased lived. If institu	ution: residence before odmission)
				4 .	
FULL NAME OF (IF NO ADDITION A	OT IN HOSPITAL OR IN	ISTITUTION, GIVE STREET		ltimere,	
INSTITUTION			C. CITY OR TOWN	D. INSIDE	CITY LIMITS?
3 church 1	1	Mass. tol	Baltimre	- On	ES NO
Church 1	tome and	Hospiac.	E. STREET AND NUMBER		
			143 m. Patt	EronPH A	16
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INA. USUAL OCCUPATION	Sive kind of work 10B. KIN	D OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or lorei	gn country) 1	12. CITIZEN OF WHAT COUNTRY
done during most of working life,	aven if retired)	ousewife.		,	
Housewife	H	ouse wive.	Marylans	(II.S. A.
3. FATHER'S NAME			14. MOTHER'S MAIDEN NAM	ΛE	
4 11 22					
Arthur Bentz			Eva Mae Edwa	ards	
5. Was Deceased Ever in U. Yes, no or unknown) (If yes, gi	S. Armed Forces?	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
			Mr. William	- Meiser 1	43, N. Patterson P.
No		212-16-0144			
18. 431.9		CAUSE OF DEAT	1		APPROXIMATE INTERVAL
/	NDITION DIRECTLY			-	B
	TO DEATH		a. A Xe.	rest + 1	1 menules
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(This does not mean hearl failure, asthenia,			MENGERY METORY	200-100 9 -000	18 0
injury or complication		0	0 1	n '	9
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	N 198. CONDITION F	OR WHICH OPERATION	20A. AUTOPSY? (Yes or No	208. IF YES, WERE FIN	DINGS CONSIDERED
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œ ====================================		loss since an arrangement	1 0		700
OR CONTRIBUTING	AUSE OF	21B. PLACE OF INJURY (e.g., i	fice bldg, INJURY OCCUR?	(If In Boltimore C	lity, give exact location)
DEATH (notify medical e		etc.)			
21 D. TIME (Month)	(Doy) (Year) (Hour)	21E, INJURY OCCURRED	21F, HOW DID INJ	HAY OCCUP?	
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22. I certify that (I) (this hospitol) attend	ed the deceosed from		9to	19
that (1) (we) last sow	the deceased alive	on			n deoth occurred an the dote
	couses stated obov	e. (1) (We) (did) (did not) v	iew the body ofter death.		
23A. SIGNATURE	1			23	B. DATE SIGNED
Y 7	Chilento	Atte	nding Med.	Staff	10-17-62
000 000		DEGREE Phy		Phys. C	D.
23C. PHYSICIAN'S NAME (Pype)	1 -000	(P)	23D. ADDRESS	L. w	11 100
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24A BIDIAL COSTANTICO	24R DATE In	DEGREE	CHATORY 1045	OCATION (C)	
24A. BURIAL CREMATION, REMOVAL (Specify)	24B. DATE 24	C. NAME of CEMETERY OF CRI	MATORY 24D. LO	OCATION (City,	town, or county) (Stote)
	20 77 60 1-		- 7 D 1	7 4 3	Marra 7 am 1
Burial	10-11-68 N	Moreland Memori	al Park Ba	altimore	Maryland
25A. DATE REC'D BY HEALT	10-11-68 N TH DEPT. 258, NA. 4 1968 (P. C)	Me of REGISTRAR	al Park Ba 25C. FUNERAL DIRECTOR 2 WG Cook Bro		Maryland ADDRESS 217 St. Paul St.

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68-10289 BALTIMORE CITY HEALTH DEPARTMENT

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ME	DICAL	EXAMINER'S	CERTIFICATE	OF	DEATH

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	e or Print)	LAGED	PATRI	CK HE	NRY H	IAWKINS	OF	Estimoted				11001	
1 [PLACE IN BAL	TIMORE MA					3. DATE	Estimoted E	Octob	er 9,	1968 Yeor	Hour	М.
	L NAME OF		TIN HOSPITA				11	UNCED DEAD					
HO:	SPITAL	ADDRE	SS OR LOCA	TION)	111011011,	OIVE STREET				er 9,		6:10	
OK	INSTITUTION						A. STATE	ESIDENCE (Where		ed. If institut B _u COUNT)		before odm	ission)
	Ва	ltimor	e City	Hosp	ital	(DOA)		Maryland		Ball	7 (1)	33	-00
6. 5	EX	7. RACE		B. MARR	IED N	EVER MARRIED	C. CITY OF	TOWN		D. INSIDE	CITY LIMITS?		
]	Male	Whi	te	WIDOW	/ED	DIVORCED		Baltimore	21222	-	YES X	NO 🗌	
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144			PKK	14B. KIND	OF BUSI	NESS OR INDUSTR	Y 15. MOTHE	R'S MAIDEN NA	MF /	VININ	9		
done	during most of w	orking life, ev	en if retired)		2					7-0	-		
_		ED E1/50 (A)		NOW		COCIAL	MA	RY A.	14-	VEK	nott		
16. (Yes	WAS DECEASI	(If yes, give v	vor or dates	of service		SOCIAL SECURITY NO.	18. INFOR	MANI		40	ADDRESS	-	
Ш	YES.	Wr		5	116	03-8859	MAR	1 HAW	KINS	- H.	5 IN #	5	
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	DISEAS	E OR COND	ITION DIRE	CTLY		Arterio	sclero	tic cardio	vascul	ar dis	ease		
		LEADING TO				(A)IMMEDIATE	CAUSE						
	(This does no	ot meon the	mode of dy	ring, e.g.,			AS A CONSEC	UENCE OF:		******			
Ш	injury or con	plication which	h coused de	oth.)				14					
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		NAL CAUSE				E OF INJURY (e.g., m, foctory, street, office			(If in Boltimor	e City, give	exact location)		
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L	EXAMIN NAME (1	уре)		S. S		ate, M.D.		OCIATE MEDICAL			ctober		
	A. BURIAL CRE/		AB. DATE	1112	24C. N	AME of CEMETERY	or CREMAT	ORY 24D.	LOCATION	-	wn, or county		ote)
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25,	A. DATE REC'D	4 4 4 7	40.5	258. N	AME OF	REGISTRAR	25C.	FUNERAL DIRECT	OR	0	ADDRESS	1 4	1
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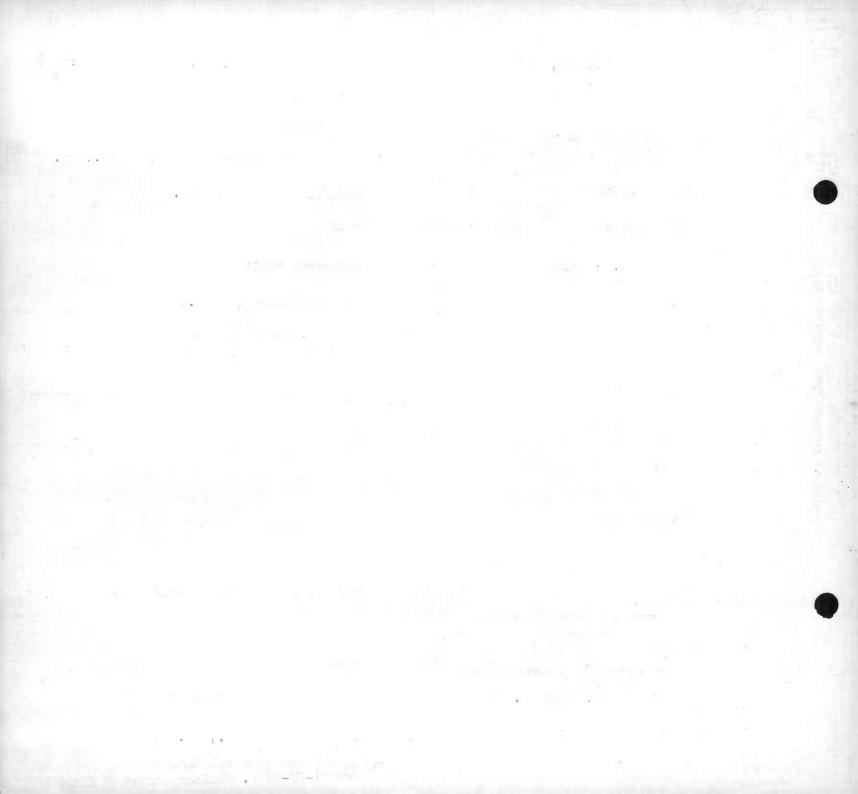
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FUNERAL DIRECTOR: IMPORTANT

		- 68	3-102	91 CERTIFIC	ATE OF D	DEATH	REG. NO	68-	10291
BIRTH NO.	DF DECEASED					2. DATE AND HO	UR OF DEATH		
Type or Pri	nnt)							0	0.75
		LSAMO, I			The management	IDENCE (Where dec	10, 196	XO	9:15
3. PLACE	IN BALTIMORE, A	AARYLAND, WH	ERE PRONOU	NCED DEAD	A, STATE	B. COUNTY	osed lived. If in	stitution; reside	ence before odn
FULL NAM	ME OF HE N	OT IN HOSPITAL	OR INICTITU	TON CIVE STREET	Maryl	and	7		
HOSPITAL	OR ADD	RESS OR LOCAT	ION)	TION, GIVE STREET	C. CITY OR TO		In INC		
INSTITUTIO	N						D. INS	DE CIT EINNIG	
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00	Baltimore			205	E. STREET AN			-	24.5
	Dall Ollifor e	, ner la	110. 21	.20)	621 N	orth Luzeri	ne Avenue	, Balto	., Md.
5. SEX	6. RACE	7	MARRIED	NEVER MARRIED	B. DATE OF BI	RTH 9. AG	E (In yeors rthdoy)	Months Doy	Yi. If Under
male	white		WIDOWED		8/10/71	lost bi	94 yrs.	Wollins Doy	/s Hours
				BUSINESS OR INDUSTI		E (State or foreign cor		110 CITIZEN	OF WHAT CO
	most of working life,					at /3inie or intergit con		12. CHIZEN	OF WHAT CO
	Merchant		Self E	mployed	Italy				·
	R'S NAME				14. MOTHER'S	MAIDEN NAME			
Salva	atore M. B	alsamo		1965	Frances	ca Scalio			
5. Was De	eceased Ever in U.	S. Armed Force		1 6. SOCIAL	17. INFORMAN			AD	DRESS
Yes, no or u	unknown) (If yes, gi	ve wor or dates	of service)	SECURITY NO.					
no					Frances	Balsamo,	dght., al	oove	
18.	112 11	I		CAUSE OF DEA					PROXIMATE INT
7	DISTACT ON CO	NOTION DIST		1		- n10 [000/0-	BETW	EEN ONSET AN
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not meen the mode of dying, e.g., booth believe astheric at all means the disease.) DETTO, OR AS A CONSEQUENCE OF:								
(TL:-			1.1	(A) IMMEDIATE C.	AUSE V	SCULAR	DISE	SE	NXNOU
	does not meon loilure, osthenio,			DUE TO, OR A	S A CONSEQUENC	CE OF:		1	
	or complication								
	ANTECED	ENT CAUSES			100-19	- Dans	010001	1	Tingers
				(B) C A	15/1/74/4	ED ARTE	K102CLE	(1,507)	NKNO
	ASES OR CONE			DUE TO, OR A	AS A CONSEQUEN	ICE OF:		1	
	IO THE OBOVE		siving ine	(c)				1	
	2 2 1			\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \					
z 40	22./	H	#B1011#11.4.0						
OLOHEK	ESIGNIFICANT CO LE DEATH BUT NO								
▼ DISEAS	SE OR CONDITION	GIVEN IN PART	1 (A).						
H 19A. D	ATE OF OPERATIO	WAS PERFO	TION FOR V	VHICH OPERATION	20A. AUTOI	PSY? (Yes or No) 20B.	IF YES, WERE CERTIFYING CA	FINDINGS CO	NSIDERED TH?
O Yell		WAS LEKTO							
U 21A. A	CCIDENT WAS L	INDERLYING [218.	PLACE OF INJURY (e.g.	, in or obout 21 C.	WHERE DID	(If in Boltimor	e City, give ex	oct location)
_ OR CO	ONTRIBUTING 🗌 C	AUSE OF	hometc.)	e, form, foctory, street,	office bldg., INJU	RY OCCUR?		-	
DEATE	H (notify medical e	xominen	erc./						
☐ 21 D. TI		(Doy) (Yeo)	(Hour) 21E.	INJURY OCCURRED	21 F. F	HOW DID INJURY O	CCUR?		
OF IN.			Whi	le At Not W					
(AFFR	Uni!		Woi	k 🗀 At Wo	rk 🗀			1-	
22. 1	certify that (I) (this haspital)	attended th	e deceosed, fram	Feb 2	196	8 to 0 e	6,10	19 🛦
	1) (a) last saw			Oct. 10	10 /			nian da-sk	
inai (1) tost sow	ine decedsed	GIIAS GU""			and that in	(my) (007) opi	mon acom a	ccurred on 1
ond h	aur and from the	causes state	d above. (I) (Www) (did) (did	view the body	after death.			
	GNATURE	0 01	7	Ma				23B. DATE S	GNED /
-	M.	() X/		11187, A		Med. Staff		111	11/10
0	venry	A. 146	uspo	OEGREE P	.,	Director Phys.		1/0//	1/68
23 C. PI	HYSICIAN'S	/			23D. ADDRESS			/	/
14	D.	r. Henry	J. Hou	ska	3	33 South Ea	st Avenu	e	
24A. BURIA	AL CREMATION,			OEGR	EE	24D. LOCATI		ity, town, or co	ounty) (
Buri	OVAL (Specify)	10/14/6		Cathedral C			. Md.		
		, ,		F REGISTRAK		RAL DIRECTOR			ADDRESS
ZJA. DAIL	E REC'D BY HEAT	1 4 1968	Or Ve	1502 TEL Brut	Schi	munek Funer	al Home		Un purent
			AN COL	A On a Charles	2 02601				
S 150-RE	V. 1/1/6B				2001	しつ しつ 上。 M	adison S	treet	21205



1.00.00

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

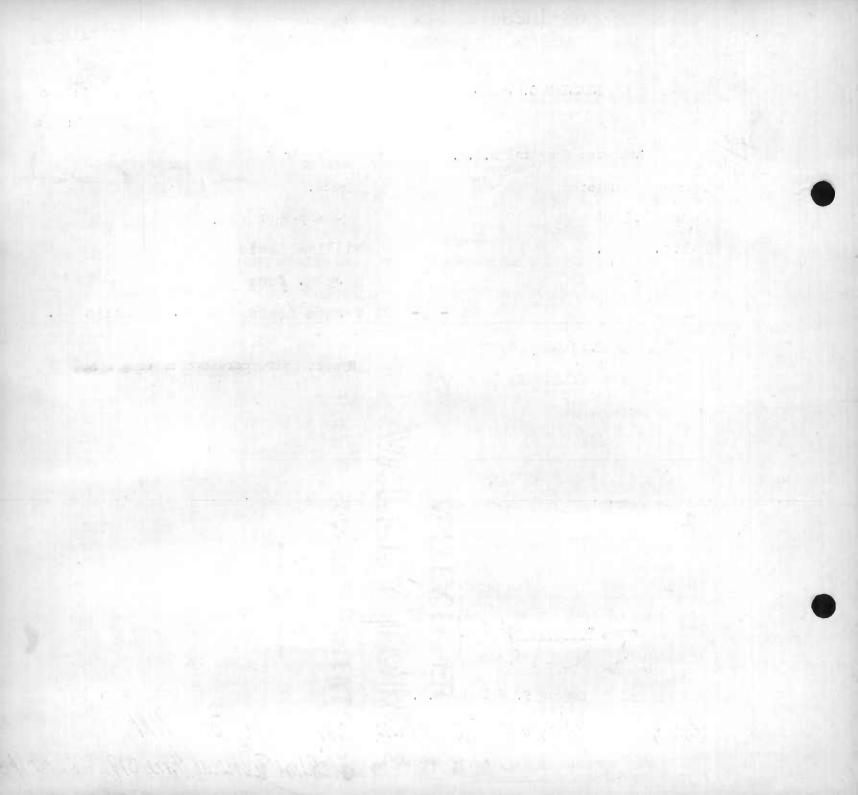
BIRTH NO.	REG. NO.
1. NAME OF DECEASED (Type or Print) TOCK DILL	2. DATE Known October 10,1968 Year Hour
JOSEPH KELLI	DEATH Estimoted LI 4:10 P. M.
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	3. DATE Month Day Year Hour PRONOUNCED DEAD On the heart 10, 1000
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL ADDRESS OR LOCATION) OR INSTITUTION	October 10,1968 4:10 P. M. 5. USUAL RESIDENCE (Where deceased lived. If institution: residence before odmission)
BON SECOURS HOSPITAL (DOA)	A. STATE Maryland B. COUNTY
6. SEX 7. RACE 8. MARRIED NEVER MARRIED	C. CITY OR TOWN
Male White WIDOWED DIVORCED	Baltimore YES NO NO
9. DATE OF BIRTH 10. AGE (In years If Under 1 Yr. If Under 24 Hrs last birthday) Months, Days, Hours, Min	
11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF	13. FATHER'S NAME
MaryLand WHAT COUNTRY?	ISAAC KELLY
14A. USUAL OCCUPATION (Give kind of work) 4B. KIND OF BUSINESS OR INDUSTRI done during most of working life, even if retired)	RY 15. MOTHER'S MAIDEN NAME
MACHINEST 160L CRAFT	MARY MEENAN
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war pr dotes of service) 17. SOCIAL SECURITY NO.	18. INFORMANT ADDRESS O. BOX 338
YES WORLD WAR I 214-05-312	9 WALTER ROLLY DESSUP. Md.
CAUSE OF DEA	ATH APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY Injur	ies
LEADING TO DEATH (A) IMMEDIATE (This does not mean the mode of dying, e.g., DUF TO OR	CAUSE
heart failure, asthenia, etc. It means the disease, injury ar camplication which coused death.)	AS A CONSEQUENCE OF:
injury of complication which courses decim.	
ANTECEDENT CAUSES (B) DISTANCE OF CONDITIONS OF ANY COURSE	R AS A CONSEQUENCE OF:
RISE TO THE ABOVE CAUSE (A) STATING THE	CAS A CONSEQUENCE OF:
UNDERLYING CONDITION LAST. (C)	**************************************
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20 A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION V	VAS PERFORMED 21. AUTOPSY? (Yes or No)
0	yes
Z2A. EXTERNAL CAUSE WAS 228. PLACE OF INJURY(e.g.	., in ar about 22C. WHERE DID (If in Baltimare City, give exact location) ice bldg., etc.) INJURY OCCUR?
UNDERLYING TO CAUSE OF DEATH. One of the control	Pratt St. 50 Ft. East of Fulton Avenue
22D. TIME (Manth) (Day) (Year) (Haur) 22E.INJURY OCCURRED	
(APPROX.) October 10,1968 3:55 WHILE AT NO	WORK Pedestrian struck by tractor-trailer true
23.	
1 certify that I held an Inquiry Inspection A	utopsy X and that on this basis, death in my opinion
	ide Homicide Undetermined manner
ACTUAL STATE A TOTAL	CHIEF MEDICAL EXAMINER DATE SIGNED
SIGNATURE M.	ASSISTANT MEDICAL EXAMINER K
EXAMINER'S Edward F. Wilson, M.D.	ASSOCIATE MEDICAL EXAMINER Ocotber 11,1968
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETER'S REMOVAL (Specify)	
BURIAL 10-14-68 NEW C	ATHERRY L BALTIMORE ML
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR LA PLINE ADDRESS HONE
001 14 1968 Reals & tarkey	Description of hill and in land in land
7 6 4 8 6 3	of the state of th

Control of the second and the state of the

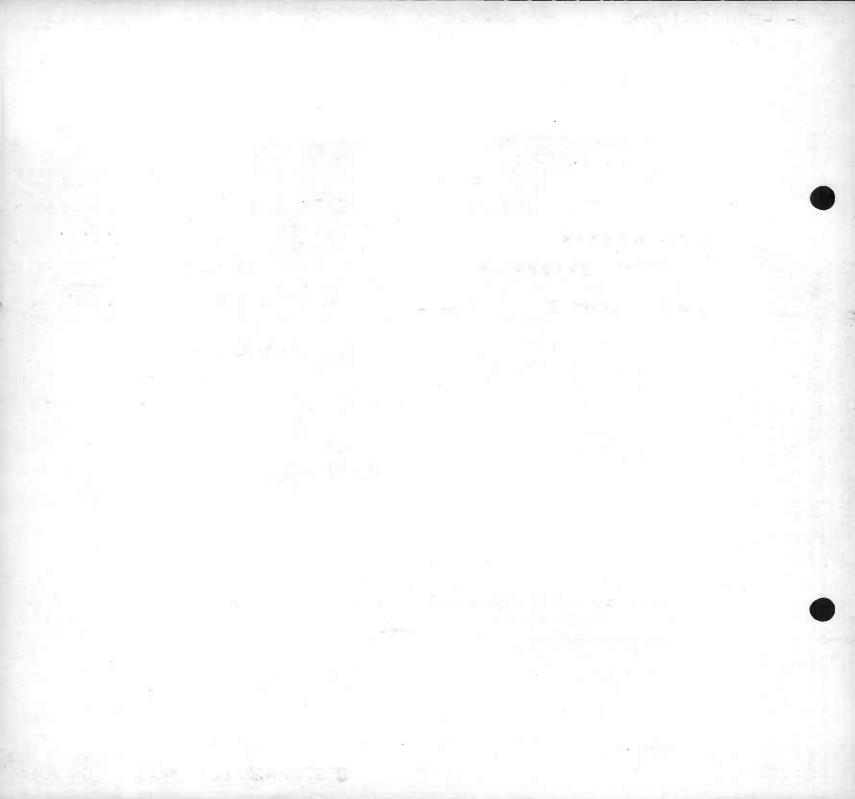
68-10294 BALTIMORE CITY HEALTH DEPARTMENT

68-10294

BI	RTH NO.		MED	ICAL E	XAMINER'S	CERTIFI	CATE	OF	DEAT	H REG. NO.		10004
1.	NAME OF DEC	EASED				2. DATE	Known	€	Month	Doy	Year	Hour
(Ty	pe ar PrInt)	T.1	T.T.TAN	C. HEN	SON	OF DEATH		ted 🗆	10	9	60	
4.	PLACE IN BAL				OUNCED DEAD	3. DATE			Manth	Day	68 Year	2:30 a M.
HC	LL NAME OF OSPITAL INSTITUTION	(IF NO	T IN HOSPITA	AL OR INSTITUT	TION, GIVE STREET		UNCED DE	0	ctober		1968	2:30 a.m.
1						A. STATE				B. COUNTY	residence p	erare damissian)
-	SEX I	Juthera 7. RACE	n Hosp	ital D.		Maryland C. CITY OR TOWN D. INSIDE CITY (IM) 15?						
					NEVER MARRIED							-04
	'emale	Colp	red	WIDOWED	Inder 1 Yr. If Under 24 Hrs.	Bal E. STREET		ADED		YI	ES 🔀 N	VO L
			last birthda	y) Ma	nths Days Haurs Min.							
	une 26 BIRTHPLACE (S		64	12	CITIZEN OF	13. FATHER	06 Fra	ankli	n St.			
	alto.	Md.	,,,	12.	WHAT COUNTRY?		iam	Tours				
			e kind of work	14B. KIND OF	BUSINESS OR INDUSTR							
dar	e during most of w	arking life, ev	en if retired)	· · · · · · · · · · · · · · · · · · ·	003114E33			-				
-	WAS DECEASE		II S ADME	EOPCES?	17. SOCIAL	IR INIEOD		Cune	3	A	DDRESS	
(Y e	s, na ar unknawn)	(If yes, give v	var ar dates	of service)	217-20-872	I Trons		0111	2/106	W. F1		~ 0+
-	10	-			CAUSE OF DEA		IOII L	GMT	3 4-700	M . T.		PROXIMATE INTERVAL
н	4/2	120	1		CAUSE OF DEA	iii						EEN ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A) IMMEDIATE CAUSE Hypertensive cardiovascular disease											
н		at mean the		ing e g	(A)IMMEDIATE	AS A CONSE	ertens	sive	cardio	vascula	r dise	ase
	heart failure,	, asthenia, etc.	. It means the	disease,	DUE TO, OK	AS A CONSEC	DENCE OF					
	injory ar can	ipirediqii wili	in causea de	u,								
н		NTECEDENT			(B)	AS A CONST	0.15.105.0		******			
	RISE TO THE	ABOVE CAL	USE (A) STA		(B) DUE TO, OR	AS A CONSE	QUENCE C)F:				
Z	UNDERLYIN	G CONDITI	ON LAST.		(c)							
I 은	443		11									
S	OTHER SIGN	IFICANT CON	RELATED TO	ONTRIBUTING	G L							
뜯	DISEASE OR	CONDITION	GIVEN IN P	ART 1 (A).	100000000000000000000000000000000000000							
CERTIFICATION	20A. DATE OF	OPERATION	1 20B. COI	NDITION FOI	R WHICH OPERATION W	AS PERFORM	MED				21. AUTOR	PSY? (Yes ar Na)
	1200			Total								ES
EDICA	UNDERLYING		TRIB-		PLACE OF INJURY(e.g., ee, farm, factory, street, affic				lf in Baltimar	e City, give exc	ct lacation)	
Σ	22D. TIME (ay) (Yea	r) (Haur)	22E.INJURY OCCURRED	:	2F. HOW	DID INJ	URY OCCL	IR?		
н	OF INJURY (APPROX.)			m.		WHILE VORK						
	23.				TOME CO.	TORK						
	l certi	ify that I h	eld an l	nquiry 📮	Inspection Au	topsy	and the	ot on th	is basis,	deoth in my	opinian	
ш	result	ed trong	atural cau	ses X	Accident Suici	de 🔲 H	omicide [Jndetermir	ed manner		
		XT		101			CHIEF ME	DICAL E	XAMINER			DATE CLONED
П	SIGNATU		~	7110	W.E	ASS	STANT ME	DICALE	XAMINER	⊠ x		DATE SIGNED
	EXAMINI						CIATE ME	DICALE	XAMINER			
	NAME (T		Edward	F. Wil	Lson, M.D.	17 1931				Octo	ber 9,	1968
	A. BURIAL CREA MQVAL (Specif		4B. DATE	1 2	4C. NAME OF CEMETERY	or CREMATO	DRY	24D.	OCATION	(City, tayy	of county)	(State)
	RUKINI		10/19/	1968	7117 (111/211)	m/nu	n,	13	7/18	- 7//	C/	
25	A. DATE REC'D	BY HEALTH	DEPT.	25B. NAM	E OF REGISTRAR	25 C.	FUNERAL	DIRECTO	B	1 21 A	DDRESS	,
	01	CT 1 41	968 0	20 m 151	E stanforma	2 81	Ulian	17	10001	el Shore	13100	7 lateraches
1/5	151 DEV 1/1/4D	1 10 10	000	Arran !) 0 0 1	000	XXXXXXX	N	MUSIC	uffund	-017/1	Agricula,
A 2	151-REV. 1/1/6B											



VS 150-REV. 1/1/68



MAS 41-54-41 1	B-650 68-10296 CERTIFIC	CATE OF DEATH
and eath ased the Such	BIRTH NO. 1. NAME OF DECEASED	LATE OF DEATH
	Type BPAN ERNEST F.	DCT 11, 1968 1648 AM.
	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission) A. STATE B. COUNTY
hos (5)	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR INSTITUTION BALT IMORE CITY HOSPITALS	C. CITY OR TOWN D. INSIDE CITY LIMITS?
- 3 0	3 4940 EASTERN AVE. 21224	E. STREET AND NUMBER
rred ir outing ed cau prior	BALTO. MD.	BOX 218 RTE 15 21220
h occuri contribi etermine regula	5. SEX 6. RACE 7. MARRIED NEVER MARRIED WHITE WIDOWED DIVORCED 10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUS	2-22-92 76 Nonins Days
or or de	done during most of working life, even if retired) CARPEN TER	MARYLAND U. S. A.
rect (4) U(4) U(4) the	WILDLAM DICAON	14. MOTHER'S MAIDEN NAME MINNA
IMPORTANI or his assistant Also, if the dir s of any kind; ounced death attendance on	(Yes, no or unknown) (If yes, give wor or dates of service) SECURITY NO. 216-10-9778	17. INFORMANT 8_A BCH RECORDS: 4940 EASTERN AVE. 21224
chief medical examiner of a medical examiner. It a medical examiner. It body burns; (3) A fracture the physician who pronysician was in regular of the physician was in regular of the physici	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the made of dying, e.g., heart failure, asthemia, etc. It means the disease, injury or camplication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last. (C)	CAUSE CARDIAC ARRYTHMIA MINUTES RAS A CONSEQUENCE OF: HD, old Myocardial Intarct / yr RAS A CONSEQUENCE OF: 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 20.5., in or obout 21C. WHERE DID 3., office bldg., INJURY OCCUR?
N S S S S S S S S S S S S S S S S S S S	DEATH (notify medical examiner) etc.) 21D. TIME (Month) (Doy) (Year) (Hour) 21E, INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
e must be approreleased to the accident of any a hospital (excort to death); any	22. I certify that (I) (this hospital) of the deceased from that (I) (we) lost sow the deceased olive on ond hour and from the couses stated above. (I) (We) (did) (did not 23A. SIGNATURE 23C. PHYSICIAN'S NAME (Type) FRANK C. ARNETT M. D.	9-26- 19 68 to 10-11- 19 68 , 19 68 ond that in(my) (our) opinion death occurred on the date
ody (1) See (1) See (1) See (1)	24A. BURIAL CREMATION, 24B. DATE 24C, NAME of CEMETERY OF REMOVAL (Specify) BURIAL 10/14/68 EAK LAW N 25A. DATE REC'D PY HEALTH DERT. 25B. NAME OF REGISTRAR	CREMATORY 24D. LOCATION (City, town, or county) (Stote) BALTO, MD. 25C. FUNERAL DIRECTOR ADDRESS
F‡™≯⊅:	VS 150-REV. 1/1/6B	SUPCONNELLY SONS 300 MACE

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68-10297 BALTIMORE CITY HEALTH DEPARTMENT

68-10297

BIRTH NO.	S CERTIFICATE OF DEATH REG. NO.
1. NAME OF DECEASED	2. DATE Known Month Doy Year Hour
(Type or Print) ANDREW PANEK	OF DEATH Estimoted October 7, 1968
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	3. DATE Month Doy Yeor Hour
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR INSTITUTION OR INSTITUTION	PRONOUNCED DEAD October 7, 1968 6:00 A. M. 15. USUAL RESIDENCE (Where deceased lived. If this titution: residence before admission)
Church Home Hospital (DOA	A STATE B COUNTY
5. SEX 7. RACE 8. MARRIED NEVER MARRIED	C. CITY OR TOWN D. INSIDE CITY LIMITS?
Male White WIDOWED □ DIVORCED	Baltimore YE X NO I
P. DATE OF BIRTH 11-Z2-23 10. AGE (In years If Under 1 Yr. If Under 24 Months Days Hours H	Hrs. E. STREET AND NUMBER 714 S. Lakewood Avenue
11. BIRTHPLACE (State or fareign country) MARY AND 12. CITIZEN OF WHAT COUNTRY?	13. FATHER'S NAME WAITER
4A.USUAL OCCUPATION (Give kind of work 14B. KIND OF BUSINESS OR INDU	MARY PARZKIEWICZ
16. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no or unknown) (If yes, faive war or dates of service) 17. SOCIAL SECURITY NO. 2.18-18-63	18. INFORMANT ADDRESS
19. CAUSE OF	DEATH APPROXIMATE INTERVAL
9 7 7 6 7	BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	Aguta hamarrhagia paparastitis
(This does not mean the made of dying, e.g.,	ATE CAUSE Acute hemorrhagic pancreatitis OR AS A CONSEQUENCE OF:
heart foilure, osthenio, etc. It meons the diseose, Injury or complication which coused death.)	THE ACCOUNT OF THE COLUMN TO T
ANTECEDENT CAUSES (B)	**************************************
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE	, OR AS A CONSEQUENCE OF:
UNDERLYING CONDITION LAST	
5 8 7.0 II	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION	
20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION	N WAS PERFORMED 21. AUTOPSY? (Yes or No.)
	Yes
	(e.g., in or obout 22C. WHERE DID (If in Boltimore City, give exact location), office bldg., etc.) INJURY OCCUR?
22D. TIME (Month) (Day) (Year) (Hour) 22E.INJURY OCCUR	RED 22F. HOW DID INJURY OCCUR?
OF INJURY (APPROX.) WHILE AT	NOT WHILE
23.	AT WORK
I certify that I held on Inquiry Inspection	Autopsy X and that on this basis, death in my opinion
	uicide Homicide Undetermined monner
resulted from: Noticity cooses (2) Accident [] 30	
ACTUAL	CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER X
SIGNATURE	_M.D
EXAMINER'S Charles S. Springate, M.	7, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1,
24A. BURIAL CREMATION, REMOVAL (Specify) 24B. DATE 24C. NAME of CEMET 10-10-68 Hely 7	POSARY CEMETERY BALTIMORE, MD. (Stote)
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR ADDRESS
OCT 141968 Robert, 2. Falley	Michalas T. MATTHEWS 3021 EASTERN
VS 151-REV. 1/1/6B	

-number 28 18 184 - 194 CHELLINE Y 1 2 4/2 England to a proper sept 22 2 3 - 2 12 10/2 07 6 21/3 10

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68-10	DOO BALTIMORE CITY	HEALTH DEPARTMENT		00-40200
	CERTIFICA	TE OF DEATH	REG. NO	68-10299
BIRTH NO. 1, NAME OF DECEASED			HOUR OF DEATH	
(T B / - 4)	elande Habita			- 20 4
AMELIA OR BOGU		4. USUAL RESIDENCE (Where	10 1468	730 A M.
3. PLACE IN BALTIMORE, MARYLAND, WHERE PI	ONOUNCED DEAD	A. STATE B. COUNT		A series of the
FULL NAME OF (IF NOT IN HOSPITAL OR I	NSTITUTION, GIVE STREET	MARYLI	AND	200
HOSPITAL OR ADDRESS OR LOCATION)		C. CITY OR TOWN	D. INSID	E.GUV-LIMUS?
		BALTIMOR	E	MES V NO
10 3513 O'DOHNEL	C STREET	E. STREET AND NUMBER		
		3513 0 DON	INELL ST	REET 21234
SEX 6. RACE 7. MAR	RIED NEVER MARRIED	B. DATE OF BIRTH 9	. AGE (In years	If Under 1 Yr. If Under 24 Hrs.
	WED DIVORCED		ost birthdoy)	Months Doys Hours Min.
0A. USUAL OCCUPATION (Give kind of work 10B, KIN		JUNE 7 1893	n country)	12, CITIZEN OF WHAT COUNTRY?
one during most of working life, even if retired)	TO O. DOSINESS OR INDOSIN		· ·	
HOUSE WIFE		POLAN	۵	IST PAPERS.
3. FATHER'S NAME		14. MOTHER'S MAIDEN NAM	\E	
FRANK SCZU	PSTARSKI	15 BELLA	UNK.	
5. Was Deceased Ever in U. S. Armed Forces? Yes, no or unknown) (If yes, give wor or doles of ser	1 6. SOCIAL	17. INFORMANT		ADDRESS
A/O	NONE	ANTHONY MAL	HOWSKI 3	S 13 D'DANNIFILS
1180 / / / / / / / / / / / / / / / / / / /	CAUSE OF DEAT			APPROXIMATE INTERVAL
DISEASE OF CONDITION DIRECTLY		1		BETWEEN ONSET AND DEATH
LEADING TO DEATH		use Corohary Thr	ou hasis	Jorden
(This does not mean the made of dying,	(A) IMMEDIATE CA	A CONSEQUENCE OF:	ONC 1109 17	
heart failure, asthenia, etc. It means the dis	ease,	,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
ANTECEDENT CAUSES	(B)			
DISEASES OR CONDITIONS, if any,	iving DUE TO, OR AS	A CONSEQUENCE OF		
rise to the above cause (A) stating UNDERLYING CONDITION last.	(C)			18
75 1	(0/			
OTHER SIGNIFICANT CONDITIONS CONTRIBU	TING)	11-		
TO THE DEATH BUT NOT RELATED TO THE TERM	INAL /P	BRTES ME	LLITIS	logro
DISEASE OR CONDITION GIVEN IN PART 1 (A).	FOR WHICH OPERATION	20 A. AUTOPSY? (Yes or No)	20B. IF YES, WERE FI	INDINGS CONSIDERED
19A. DATE OF OPERATION 19B. CONDITION WAS PERFORMED)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	IN CERTIFYING CAU	SES OF DEATH?
U 21A. ACCIDENT WAS UNDERLYING	218. PLACE OF INJURY (e.g.,	in or about 21C, WHERE DID	(If in Rollimore	City, give exoct location)
OR CONTRIBUTING CAUSE OF	home, form, factory, street, c	ffice bldg., INJURY OCCUR?	(11 111 0011111010	only, give exect to contain,
21D. TIME (Month) (Doy) (Year) (Hour)		21F. HOW DID INJU	JRY OCCUR?	
(APPROX.)	While At Work At Work	le 🔲		,
22. I certify that (1) (this hospital) atten			9 59 10	10/10 19 0
	2/12	10		
that (I) (we) lost sow the deceased alive			ot in(my) (our) opin	ion deoth occurred on the dote
and hour and from the couses stated abo	ve. (4) (We) (452) (did not)	view the body after death.		
23A SIGNATURE	0			238, DATE SIGNED
Jan B Val	Dh.	ending Med.	Staff Phys.	10/11/68
28C-PHYSICIAN'S	DEGREE TI	23D. ADDRESS	r ny s. —	,0,1.0.
NAME (Type)	2 /20	120	RI	R. 11. 2
JRVIN P). KAPIAN DEGREE	129	nondura	wolfe my
24A. BURIAL CREMATION, 24B. DATE 2 REMOVAL (Specify)	4C. NAME of CEMETERY OF CR	EMATORY 24D. LC	CATION (C)	, town, or countyl (Stote)
BURIAL OCT 14 1968	UNLY PACADY	CEMETERY GO	RMAN 1414	LL RD BRITA MA
2SA. DATE REC'D BY HEALTH DEPT. 25B. NO.	AME OF REGISTRAR	250 FUNERAL DIRECTOR	7/1/1/4 1//	ADDRESS
OCT 1 4 196x 10 0	In E Jankertin	- NIPPEI RRAS	INC 1800.	ELOMBARD ST
THE RESERVE	SLAW TO THE STATE OF THE STATE	101/12 4 0110		

VS 150-REV. 1/1/6B



IMPORTANT

DIRECTOR:

FUNERAL

VS 150-REV. 1/1/65

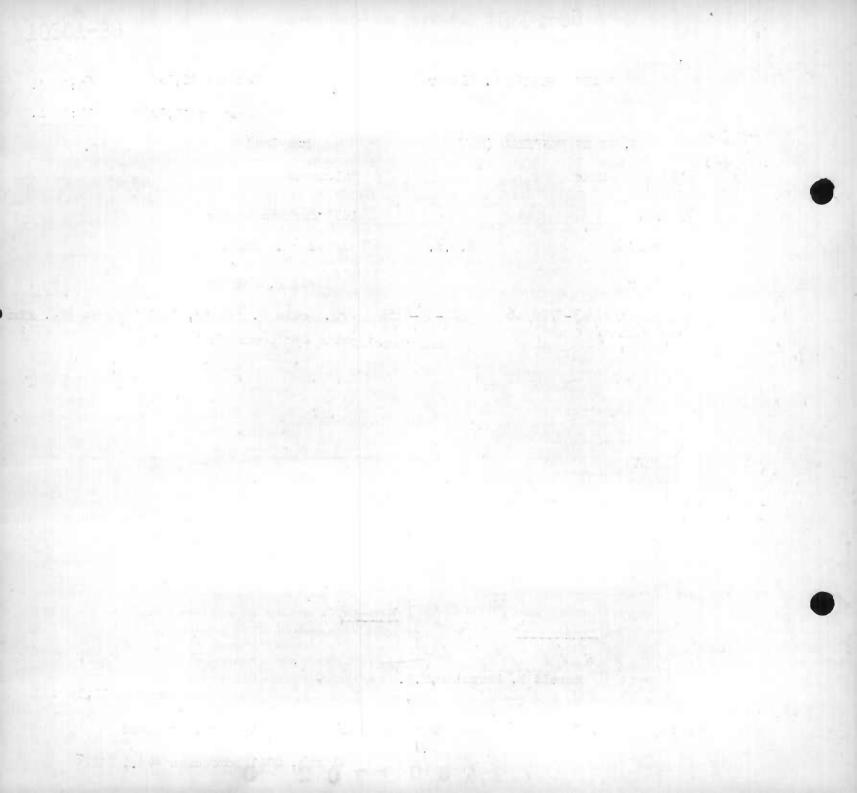
If Under 24 His.



68-10301 BALTIMORE CITY HEALTH DEPARTMENT

68-1030	1	
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BIRTH NO.		MED	ICAL E	XAMINER 3	LEKIIF	ICATE	DEAT	REG. NO			
1. NAME OF DE (Type or Print)		is XXXX	CER H	Yinger	2. DATE OF DEATH	Known Estimated	October	11,1968	Yeor	Hour 12:10	A .M.
4. PLACE IN BA					3. DATE	OUNCED DEAD	Manth	Doy	Year	Hour	
FULL NAME OF HOSPITAL OR INSTITUTION	ADDRE	SS OR LOCAT	ION)	TION, GIVE STREET	5. USUAL	RESIDENCE (W		r 11,196		12:10	М.
	ST. AGNI				A. STATE	Maryl	and	B. COUNTY	Bal	to.	
6. SEX Male	7. RACE Whit	te		NEVER MARRIED	С. СІТУ О	r town timore		D. INSIDE CIT	Y LIMITS?		Del .
9. DATE OF BIRT	TH .	10. AGE (In	years If	Under 1 Yr. If Under 24 Hrs.	E. STREET	AND NUMBER	i	YE	35-17	NO	-5
7/22/2	0	last birthday	48	nths, Doys, Haurs, Min.	163	1 Parkma	n Avenue				
11. BIRTHPLACE	State or foreig	n country)	12.	CITIZEN OF		R'S NAME					
Mary.	land			WHAT COUNTRY?	Lo	uis H.	Yinger				
14A.USUAL OCCI			4B. KIND OI	BUSINESS OR INDUSTR	Y 15. MOTH	ER'S MAIDEN	VAME				
Chauff					Land B	Elsie M.	Ambrose				
16. WAS DECEAS	ED EVER IN	U.S. ARMED	FORCES?	17. SOCIAL SECURITY NO.	18. INFO	RMANT	GENTLE STREET,	AD	DRESS		2123
Yes		43-1/28	3/46	220-09-9658	Mrs	Louis	H. Yinge	r. 1631	Park	man Ave	
19.	2.46			CAUSE OF DEA	TH				A	PPROXIMATE IN	TERVAL
DISEAS	SE OR COND	ITION DIREC	TLY	Arterios	clerot	ic Cardi	ovascula	r Diseas	e		
	LEADING TO			(A)IMMEDIATE	CAUSE						
(This daes	not meon the e, asthenia, etc	made of dyi	ng, e.g., diseose,			QUENCE OF:					
injury ar ca	mplication which	ch caused de o	th.)								
	NTECEDENT			(B)				~~~~~~~~			
RISE TO TH	OR CONDITION	USE (A) STAT	, GIVING ING THE	DUE 10, OR	AS A CONS	EQUENCE OF:					
UNDERLY	NG CONDITI	ION LAST.		(c)							
O THE DE	NIFICANT CON	RELATED TO	THE TERMINA	G L							
DISEASE O	R CONDITION			R WHICH OPERATION W	AS DEDECT	MED			21 AUTO	OPSY? (Yes	ır No)
S. DAIL O	OFERATION	1 200. CON	IDIIION FO	K WHICH OPERATION W	MS PERFOR	MED			ZI. AUIC	no	1110)
UNDERLYING	RNAL CAUSE G OR CON AUSE OF DEA	TRIB-	22B hon	PLACE OF INJURY(e.g., ne, farm, factory, street, affic	in or obaut e bldg., etc.)	22C. WHERE D INJURY OCCU	ID (If in Boltima R?	re City, give exac	ct lacation)		
OF INJURY (APPROX.)	(Month) (D	Doy) (Year) (Hour) m.	WHILE AT WORK AT W	WHILE WORK	22F. HOW DID	INJURY OCC	UR?			
23.				WORK AIV	YORK [
I cer	tify that I h	eld an Ir	nquiry 🗌	Inspection \(\)	tapsy X	and that o	n this basis,	death in my	apinian		
resul	Ited from: N	latural caus	ses X	Accident Suicio	de 🗌 🕴	lamicIde 🗌	Undetermi	ned manner			
) 1	0.1	1 , 0		CHIEF MEDIC	AL EXAMINER			DATE CICI	NED
SIGNAT	1 1/1	ruly	1/1/	and M.D	AS	SISTANT MEDIC	AL EXAMINER			DATE SIGI	MED
EXAMIN		Ronald	l N. Ko	rnblum, M.D.		OCIATE MEDIC	AL EXAMINER				
NAME (Туре)							Ocot	ber I	11.1968	
24A. BURIAL CRE REMOVAL (Spec		48. DATE	2	4C. NAME of CEMETERY	or CREMA	ORY 2	4D. LOCATION				
Burial		10/14	/68	Baltimore Nat	cional	E	Baltimore	Maryl	and		
25A. DATE REC'D	BY HEALTH			E OF REGISTRAR		FUNERAL DIR			DDRESS		
desire	T 1 2 40	00 0	8-2	of a few man	Wi	tzke, 41	O1 Edmon	ndson Av	c 2	1229	
VE 161 DEV AV	1 11	vo un	4	5 6 (1)	9 1	1 2'	- 8				



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IMPORTANT DIRECTOR: FUNERAL

VS 150-REV. 1/1/6B

BALTIMORE CITY HEALTH DEPARTMENT REG. NO. RESIDENCE (Where deceased lived, If institution; residence before admission) If Under 1 Yr. Months! Days If Under 24 Hrs. Hours 12. CITIZEN OF WHAT COUNTRY? ADDRESS APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If in Boltimore City, give exact location) and that in (my) (our) opinion death occurred on the date 23 B. DATE SIGNED (City, town,

7/28/19 53 Maryland L.S.B. CAD BY LEC John Howery Goodon Mary E. JAMES Very NOW GIRMS MITTOGENSON PERMIT GOOD down

HAME OF PECKASED LOU ETTA STEPHENS Dale Lemond Cotober 9, 1968 M.	,1	68-10305 BALTIMORE CITY HEALTH DEPARTMENT MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGING.	68-10305
Johns Hopkins Hospital Maryland CCIV OR TOWN Johns Johns Hopkins Hospital Johns Hopkins Hospital Johns Hopkins Hospital Johns Hopkins Hospital Johns Hopkins Hospital Maryland CCIV OR TOWN Johns Hopkins Hospital A STATE Maryland County Johns Hopkins Hospital Johns Hopkins Hopkins Hopkins Hopkins Johns	5-315	1. NAME OF DECEASED (Type of Print) 2. DATE Known A Manth Day Y	
Johns Hopkins Hospital (DOA) 8. SEX Female White Whove Doxoct D Aberdeen 9. DATE OF BIRTH April 25, 1921 47 11. BERTHPIACE(DIMS or lorsing) country Grayson Country, Virginia 12. CHIZENO Grayson Country, Virginia 13. FAIRES NAME Emer Lee Eller (D) HALSUAL OCCUPATION(DIVENDED AND OF BUSINESS OR INDUSTRY) HALSUAL OCCUPATION(DIVENDED AND OF BUSINESS OR INDUSTRY) HALSUAL OCCUPATION(DIVENDED AND OF BUSINESS OR INDUSTRY) SECURITY NO. SEASE OR CONDITION DIRECTLY LEADING TO BERT NO. SECURITY NO. CAUSE OF COATH (Pris, no. or underson)(DIV vs., give wor or dobts of service) DISASE OR CONDITION DIRECTLY LEADING TO BERT NO. AND SEASE OR CONDITION OF BUSINESS DISASES OR CONDITION S. pf. any, country Red to the access cause (a) Stained in the among the disease, injury or or medical access from the access from t	2.0	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) PRONOUNCED DEAD October 9, 1968	10:47 P.M.
Female White windowed DIVONCED Aberdeen yes No DIVONCED V DATE OF BIRTH 102-ACT (New York 1 Blocker 2 May 1 1 Blocker 2 May 1 1 Blocker 2 May 1 Blocker 2 May 1 Blocker 2 May 1 Blocker 2 May 1 Blocker 2 May 1 Blocker 2 May 1 Blocker 2 May 1 Blocker 2 May 2 14 Paradise Road 214 Parad	33	Johns Hopkins Hospital (DOA) A. STATE Maryland B. COUNTY	62-22
April 25, 1921 44 47 11. BiRTHFIACE (Sieles or loreign country) 47 12. CHIZEN OF MAN 12. CHIZE	• 97	Female White WIDOWED DIVORCED Aberdeen YES	
Figure 1 Figure 2 Figure 2 Figure 3		April 25, 1921	
WAS DECEASED EVERINU U.S. ARMED FORCES? (**PARSO DECEASED EVERINU U.S. ARMED FORCES. (**PARSO DECEASED EVERY U.S. ARMED FORCES. (**PARSO DECEASED EVERY U.S. ARMED FORCES. (**PARSO DECEASED EVERY U.S. ARMED FORCES. (**PARSO DECEASED EVERY U.S. ARME		14A.USUIAL OCCUPATION (Give kind of work) 4B. KIND OF BUSINESS OR INDUSTRY) 15. MOTHER'S MAIDEN NAME	
CAUSE OF DEATH CAUSE OF DEATH		Waitress Restaurant Virgle Ellen Bauguess 16. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. SOCIAL 18. INFORMANT ADDRES	S
LEADING TO DEATH (This does not men the mode of wing, e.g., heart follure, sathenic, etc. it means the discose, injury or complication which coused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASES OR CONDITION TO THE DEATH BUT NOT RELATED TO THE TERMINAL DEASES OR CONDITION TO THE DEATH BUT NOT RELATED TO THE TERMINAL DEASES OR CONDITION OF IN THE THE THE THE THE THE THE THE THE THE		No LeRoy B. Stephens, Aberdeen, 1	APPROXIMATE INTERVAL
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STAINING THE UNDERLYING CONDITION LAST. (C) DITHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELIATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WAS PERFORMED 21. AUTOPSY? (Yes or No.) Yes Vaes UNDERLYING CONTRIB. UNDERLYIN		(This does not meon the mode of dying, e.g., heart foilure, osthenio, etc. It means the disease,	
DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WAS PERFORMED 21. AUTOPSY? (Yes or No) Yes 22A. EXTERNAL CAUSE WAS UNDERLYING*] OR CONTRIB. UTING CAUSE OF DEATH. 22D. TIME (Month) (Dov) (Yeor) (Hour) OF INJURY (APPROX.) 10-9-68 10:21 P. m. WORK I NOT WHILE AT WORK I Passenger in auto-truck collision 1 certify that I held on Inquiry Inspection Autopsy I and that an this bosis, death In my opinion 1 resulted from: Noturol couses Accident I Suicide Homicide Undetermined monner Chief McDical Examiner I Date SIGNED ACTUAL SIGNATURE EXAMINER'S Charles S. Springate, M.D. ASSISTANT MEDICAL EXAMINER DATE SIGNED ACTUAL SIGNATURE EXAMINER'S Charles S. Springate, M.D. ASSOCIATE MEDICAL EXAMINER October 10, 1968 ACTUAL SIGNATURE EXAMINER'S Charles S. Springate, M.D. ASSOCIATE MEDICAL EXAMINER October 10, 1968 ACTUAL SIGNATURE EXAMINER'S Charles S. Springate, M.D. ASSOCIATE MEDICAL EXAMINER October 10, 1968 ACTUAL SIGNATURE SAMINER SAMINER OCTOBER OF CREMETERY OF CREMATORY 240. LOCATION (City, town, or county) (Stote) 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREMATORY 240. LOCATION (City, town, or county) (Stote) Burial 12 Oct. 68 Harford Memorial Gardens Aberdeen, Harford Co. Maryland 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR Tarring Fromestal Home		DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	
Yes 22A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB. UTING CAUSE OF DEATH. 22B. PLACE OF INJURY (e.g., in or obout of the bldg., etc.) 22C. WHERE DID (If in Boltimore City, give exact logothon) 22D. TIME (Month) (Doy) (Yeor) (Hour) 22E. INJURY OCCURRED 22B. PLACE OF INJURY OCCURRED 22C. WHERE DID (If in Boltimore City, give exact logothon) 22D. TIME (Month) (Doy) (Yeor) (Hour) 22E. INJURY OCCURRED 22B. PLACE OF INJURY OCCURRED 22D. TIME (Month) (Doy) (Yeor) (Hour) 22E. INJURY OCCURRED 22F. HOW DID INJURY OCCUR? 22F. HOW DID INJURY OCC		DISEASE OR CONDITION GIVEN IN PART 1 (A).	
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Accident Suicide Homicide Undetermined monner		UNDERLYING OR CONTRIB. UTING CAUSE OF DEATH. Description of the bidg., etc.) INJURY OCCUR? U.S. Rte. 40 1/2	mile east
CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER COctober 10, 1968 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY or CREMATORY 24D. LOCATION (City, town, or county) (Stote) Burial 12 Oct. 68 Harford Memorial Gardens Aberdeen, Harford Co. Maryland 25A. DATE RECOMPTED 16 STORY 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR Tarring FORESTAL Home	•	23. 10=9=68 10:21 P. m. work Al Passenger in auto-truck c	
NAME (Type) 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY or CREMATORY 24D. LOCATION (City, town, or county) (Stote) REMOVAL (Specify) Burial 12 Oct. 68 Harford Memorial Gardens Aberdeen, Harford Co. Maryland 25A. DATE REC'D WHEATH DEATHS 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR Tarring FORESTAL Home		ACTUAL SIGNATURE Charles ASSISTANT MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER	
25A. DATE REC'D HEALTH DEPT 68 25B NAME OF REGISTRAR 25C. FUNERAL DIRECTOR Tarring FOREFal Home		NAME (Type) 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY or CREMATORY 24D. LOCATION (City, town, or co	ounty) (State)
		25A. DATE REC'D MEALTH DENGE 25B NAME OF REGISTRAR 25C. FUNERAL DIRECTOR Tarring FORE	fal Home

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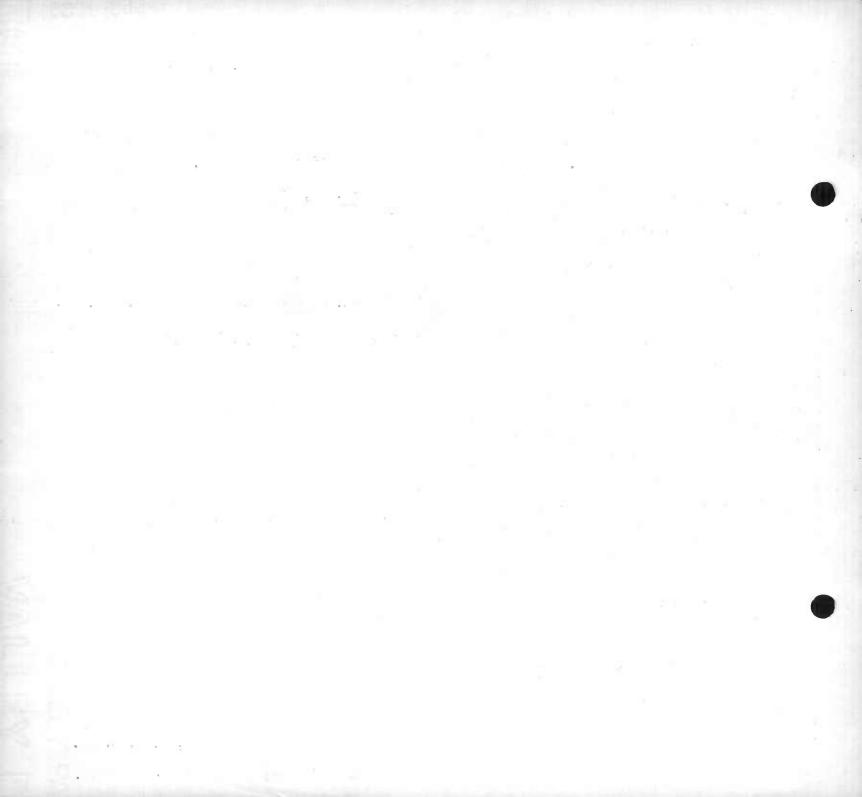
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VS 150-REV. 1/1/68

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BALTIMORE CITY HEALTH DEPARTMENT

REG. NO.	68-10308

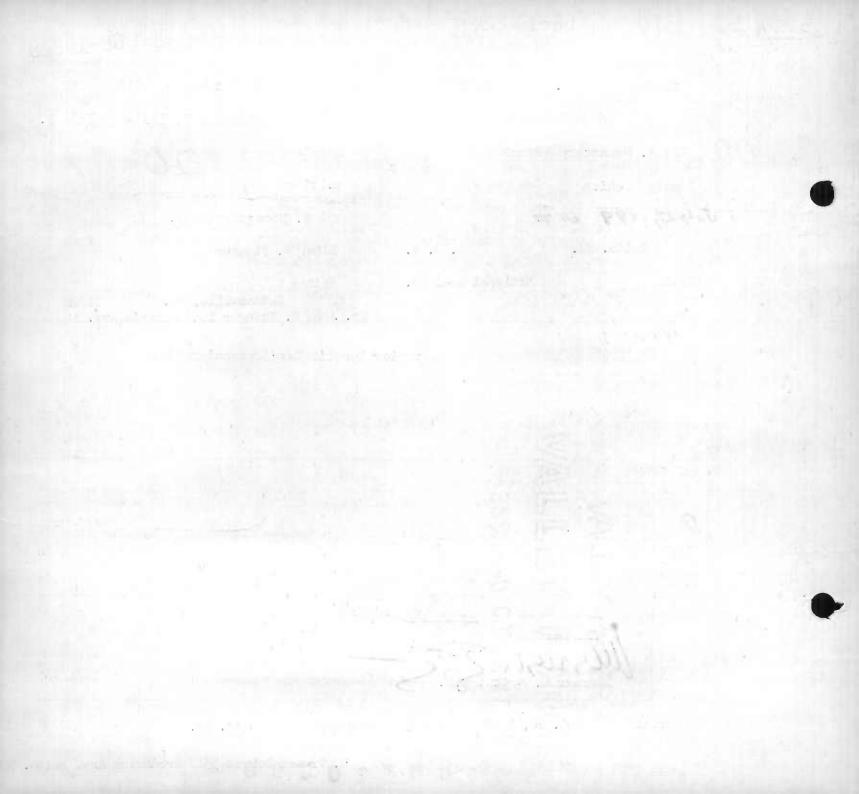
	AME OF DECE				1			D HOUR OF DEA	ТН	. 15	
			DWIGHT	.,	bream	The tietral o		e deceased lived, I	(f. i eis eis	2'	AN
	LL NAME OF	(IF NOT	IN HOSPITAL O	OR INSTITUTION	ON, GIVE STREET	A. STATE	B. COUN		nstitution: P	esidence before	odmission)
HO	SPITAL OR	ADDRES	S OR LOCATION	N)		C. CITY OR T	OWN	D. 1	NSIDE CITY L	IMITS?	
2						Balt	/		YES 🗌	NO []
81	UNIVERSITY	OF MAT	RYLAND 1	HOSPITA	_	1	ND NUMBER	STATE +	1057-10	AL.	
5. S		6. RACE	7. N	MARRIED	NEVER MARRIED	B. DATE OF	BIRTH	9. AGE (In years lost birthdoy)	If Unde Months	Doys Hours	der 24 Hrs Min.
	M	VV		IDOWED	DIVORCED _	7/9/	47	21			1
	. USUAL OCCU during most of w			KIND OF BU	USINESS OR INDUSTRY		CE (State or forei	gn country)	12. CITI	LS A	COUNTRY
13 1	FATHER'S NAM						'S MAIDEN NAA	A F		W37(.	
13.1		HARDI	MAN				HEISTI NE		ح		
15. V (Yes	Wos Deceased s, no or unknown)	Ever in U. S. (If yes, give	Armed Forces? wor or dotes of	service)	security no.	17. INFORMA	wod Reco	rds		ADDRESS	
	DISÉASI	LEADING TO		TLY	(A)IMMEDIATE CA	USE REN		ILURE		BETWEEN ONSET	AND DEAT
	heart failure, of injury of comp A DISEASES Of rise to the	asthenia, etc olication whi NTECEDEN R CONDITI above co	t. It means the ich caused dea T CAUSES ONS, it any, ause (A) stat	disease, oth.)	(B)						
	DISEASES OF THE STREET OF THE STREET OF THE DEATH OF THE DISEASE OF CO.	asthenia, etc olication whi NTECEDEN' R CONDITI above co CONDITIO X II CANT CONDI T BUT NOT RE	It means the ich caused dea T CAUSES ONS, it any, ause (A) stot N lost. ITIONS CONTRI ELATED TO THE TE VEN IN PART I () 1798. CONDITION	disease, sih.) giving ting the IBUTING ERMINAL (A).	(B)(C)	A CONSEQUI	NCE OF:	PEVARDA	47,0N		
ATI	DISEASES OF THE STREET OF THE STREET OF THE DEATH OF THE DISEASE OF CO.	asthenia, etc olication whi NTECEDEN' R CONDITI above co CONDITIO X II CANT CONDI T BUT NOT RE	It means the ich caused dea T CAUSES ONS, it any, ause (A) state N lost. ITIONS CONTRI	disease, sih.) giving ting the IBUTING ERMINAL (A).	(B)	A CONSEQUI	ENCE OF: SEVERE	PEVARDA	47,0N		
AL CERTIFICATI	DISEASES OF THE STREET OF THE STREET OF THE DEATH OF THE DISEASE OF CO.	asthenia, etc olication whi NTECEDEN' R CONDITI above co CONDITIO CANT CONDITIO H BUT NOT RE ONDITION GI OPERATION T WAS UND	It means the ich caused dea T CAUSES ONS, it any, ause (A) stot N lost. ITIONS CONTRIBELATED TO THE TEVEN IN PART 1 (A) WAS PERFORN DERLYTING DISCORDING disease, sih.) giving the gibble grant of the (B)	OHALY	ENCE OF: SEVERE OPSY? (Yes or No	PEVARDA 20B. IF YES, WE IN CERTIFYING	FE FINDINGS CAUSES OF				
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MEDICAL CERTIFICATI	heart failure, a injury or comp A DISEASES Orise to the UNDERLYING OTHER SIGNIPH OTHER SIGNI	asthenia, etclication whith NTECEDEN' R CONDITION CONDITION OF CONDITI	It means the ich caused dea T CAUSES ONS, it any, ause (A) stot N lost. ITIONS CONTRIL ELATED TO THE TE VEN IN PART 1 (, 1) 198. CONDITIC WAS PERFORN DERLYING SEPERORN OF INTERPRETATION (House deceosed of the caused for the ca	giving the giving the libuting li	(C) MICROCA (C) MICROCA ACE OF INJURY (e.g., form, foctory, street, company of the company o	20A. AUT	SEVERE OPSY? (Yes or No WHERE DID URY OCCUR? HOW DID INJ.	PEVARDA 208. IF YES, WE IN CERTIFYING (If in Bolti	RE FINDINGS CAUSES OF	CONSIDERED DEATH?	19 68
MEDICAL CERTIFICATI	heart failure, a injury or comp A DISEASES Orise to the UNDERLYING OTHER SIGNIPM TO THE DEATH DISEASE OR CO 19A. DATE OF 21A. ACCIDEN OR CONTRIBUTE DEATH (notily) 21D. TIME OF INJURY (APPROX.) 22. I certify ond haur ond 23A. SIGNATUR 23C. PHYSIGIAN	asthenia, etc. asthenia, etc. blication whith NTECEDEN' R CONDITION CONDITION CONDITION CANT CONDITION T WAS UND T WAS UND TT WAS UND T WAS UND (Month) (Di that (M) (this) lost saw the from the core	It means the ich caused dea T CAUSES ONS, it any, ause (A) stot N lost. ITIONS CONTRIBLATED TO THE TE VEN IN PART 1 (N PART	giving the IBUTING ERMINAL (A). ON FOR WH WED 21 B. PL home, etc.) Hour) 21 E. IN While Work trended the live on obove. (I)	(C) MICROCA (C) MICROCA (ICH OPERATION ACE OF INJURY (e.g., form, foctory, street, comments of the commen	20A. AUTI in or obout 21C ffice bidg., INJ 21F.	OPSY? (Yes or No WHERE DID URY OCCUR? HOW DID INJ	PEVARDA 20B. IF YES, WE IN CERTIFYING (If in Bolti URY OCCUR? 19 68 ta	RE FINDINGS CAUSES OF imore City, give population decorated and the control of th	CONSIDERED DEATH?	19 68
MEDICAL CERTIFICATI	heart failure, a injury or comp A DISEASES Orise to the UN DERLYING OTHER SIGNIPM TO THE DEATH DISEASE OR CO. 19A. DATE OF 21A. ACCIDEN OR CONTRIBUTED THE DEATH (notify 12) DEATH (notify 12) DEATH (notify 13) DEATH (notify 14) DEATH (notify 14) DEATH (notify 15) DEATH (notify	asthenia, etc. asthenia, etc. blication whith NTECEDEN' R CONDITION CONDITION CONDITION CANT CONDITION T WAS UND T WAS UND TT WAS UND T WAS UND (Month) (Di that (M) (this) lost saw the from the core	It means the ich caused dea T CAUSES ONS, it any, ause (A) stot N lost. ITIONS CONTRIBLATED TO THE TWO THE T	giving the IBUTING ERMINAL (A). ON FOR WH WED 21 B. PL home, etc.) Hour) 21 E. IN While Work trended the live on obove. (I)	(B) DUE TO, OR AS (B) DUE TO, OR AS (C) MICROCS. IICH OPERATION ACE OF INJURY (e.g., form, foctory, street, company) AT Work of Middle Market M	20A. AUTI 20A. AUTI 20A. AUTI 21F. 21F. 21F. 21F. 22F. 23D. ADDRESS	SEVERE OPSY? (Yes or No WHERE DID URY OCCUR? HOW DID INJ. & ond the y ofter deoth. Med. Director	PEVARDA 20B. IF YES, WE IN CERTIFYING (If in Bolti URY OCCUR?	RE FINDINGS CAUSES OF imore City, given printed and the composition of	considered DEATH? The exact location oth occurred of the signed DEATH?	19 68



P-456

68-1030 SBALTIMORE CITY HEALTH DEPARTMENT

		L EXAMINER'S	CERTIFICATE OF DEATH REG. NO.	68-10200
BIRTH NO.			REG. NC	10003
1. NAME OF DECEASED (Type or Print) MILDRED	F.	PLUMMER	2. DATE Known	1968 UNK M.
4. PLACE IN BALTIMORE, MA		PRONOUNCED DEAD	3. DATE Month Day	Year Hour
	T IN HOSPITAL OR II	NSTITUTION, GIVE STREET	PRONOUNCED DEAD October 7, 19 5. USUAL RESIDENCE (Where deceased lived. If institutions)	
224 S. Monas	tery Avenu	ie	A. STATE Maryland Maryland	on: residence before damission)
6. SEX 7. RACE	8. MA	RRIED NEVER MARRIED	C. CITY OR TOWN D. INSIDE	CITY LIMITS?
female whit	e WID	OWED DIVORCED		YES X NO
9. DATE OF BIRTH July 27, 1899	10. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Hrs. Months, Doys, Hours, Min.	E. STREET AND NUMBER 224 S. Monastery Avenue	
11. BIRTHPLACE (State or fareign		WHAT COUNTRY?	13. FATHER'S NAME Elber F. Plummer	
			15. MOTHER'S MAIDEN NAME	
done during most of working life, ev Clerk		tional Lead Co.	Nettie ?	
16. WAS DECEASED EVER IN (Yes, no or unknown) (If yes, give	U.S. ARMED FORCE	ces? 17. SOCIAL SECURITY NO.	Catonsville, Md.	ADDRESS 21228
No III		CAUSE OF DEA	Mr. John D. Younger 1507 Mid	APPROXIMATE INTERVAL
4100,4		CAUSE OF DEA	ın	BETWEEN ONSET AND DEATH
DISEASE OR COND		Arterio	sclerotic Cardiovascular Disc	ease
(This does not mean the heart failure, asthenia, etc injury or complication whi	. It means the diseas	DUE TO OR	AS A CONSEQUENCE OF:	
injury or complication was	en coused dearn.)			
ANTECEDENT DISEASES OR CONDITI		(8)	AS A CONSEQUENCE OF:	000000000000000000000000000000000000000
RISE TO THE ABOVE CA	USE (A) STATING T	HE		
NO		(C)		
OTHER SIGNIFICANT COLUMN TO THE DEATH BUT NOT DISEASE OR CONDITION 20A. DATE OF OPERATION	RELATED TO THE TE	RMINAL		
20A. DATE OF OPERATION	V 208. CONDITIO	N FOR WHICH OPERATION W	AS PERFORMED	21. AUTOPSY? (Yes or No)
10				X No
UNDERLYING OR CON UTING CAUSE OF DEA	TRIB-	22B. PLACE OF INJURY (e.g., home, form, foctory, street, offic	in or about 22C. WHERE DID (If in Soltimore City, give e bldg., etc.) INJURY OCCUR?	xoct location)
		OUT) 22E.INJURY OCCURRED	22F. HOW DID INJURY OCCUR?	
(APPROX.)			WHILE CORK	
23. I certify that I h	eld an Inquiry	Inspection X Au	tapsy and that an this basis, death in m	y oplnian
resulted from: N	atural causes	Accident Suicid	de 🗌 Homicide 🔲 Undetermined manner	
ACTUAL //	LNICA	500-	CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER	DATE SIGNED
	rner U. S	pitz, MD.	ASSOCIATE MEDICAL EXAMINER	10/8/68
NAME (Type) 24A. BURIAL CREMATION, 2 REMOVAL (Specify)	24B. DATE	24C. NAME of CEMETERY	or CREMATORY 24D. LOCATION (City, to	wn, or county) (State)
REMOVAL (Specify) Burial	Oct. 10,			
25A. DATE REC'D BY HEALTH	DEPT. 258.	NAME OF REGISTRAR	25C. FUNERAL DIRECTOR	ADDRESS
8CT 1	4 1968 17	Partie tarkent	G. Truman Schwab 3512 Free	derick Ave. Balto.
VS 151-REV. 1/1/68		4 3 9 3	. 0	V



Such

death.

hospital

cause

				BALTIMORE CITY	HEALTH DEPARTMENT	10	
D		6	8 - 10	310 CERTIFICA	TE OF DEATH	REG. NO.	ULO I OIL
BIR	RTH NO.			CERTIFICA	TE OF DEATH	7	
	NAME OF DECEASE					ND HOUR OF DEATH	
шу	pe or Print)	John	Edward	Thrush	Oct	ober 11, 19	68
3.	PLACE IN BALTIMO				4. USUAL RESIDENCE (Whe	re deceased lived. If	institution: residence before admissio
					A. STATE B. COUN		
FU	ILL NAME OF	(IF NOT IN HOS!	TAL OR INS	STITUTION, GIVE STREET	Maryland	Baltimo	53.00
IN	STITUTION				C. CITY OR TOWN	D. 1N	SIDE CITY LIMITS?
		Agnes Hos	_		Lansdowne		YES NO
	4 Cato	n & Wilke	ns Ave	nue	E. STREET AND NUMBER		- 14
	Balt	imore, Ma	ryland		2915 Freeway	21227	
5.	SEX 6. RA			ED NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr., If Under 24 H
	Mo.1 a	7	WIDOW		7- 00 1001	lost birthdoy)	Months Doys Hours Min.
. 6 4		hite			Jan. 23, 1931	37	TO CITATE OF WILLT COUNTY
	ne during most of working			OL SOSIMESS OK INDOSIKI	11. BIRTHPLA CE (Stote or fore	agn country)	12. CITIZEN OF WHAT COUNT
	Long Shor	eman	Nac	irema	Maryland		U. S. A.
13.	FATHER'S NAME	Chicali	1 21		14. MOTHER'S MAIDEN NA	ME	0. 0
	John T	hrush			Virgil Unkno	วพิท	
5.	Was Deceased Ever s, no or unknown) (If y	in U. S. Armed 1	orces?	16. SOCIAL	17. INFORMANT		ADDRESS 21227
116	Yes		7163 01 361410	security No. 212-26-9171	Mass- T III	0015 7	-
_		Korean		CAUSE OF DEAT		1 2915 Free	way, Lansdowne Md
	(This does not mean failure, asthe	enia, elc. II mea	H of dying, e ns the disec	(A)IMMEDIATE CAL	eumonite	.,	BETWEEN ONSET AND DEA
	injury or camplica	lian which cous	ed deolh.)	1/4	lot	0 0 -	
	ANTE	CEDENT CAUS	ES	(8) NOC	Janes L	year and	
	DISEASES OR C			3	ONSEQUENCE OF:		
	rise to the at) sloling				
	UNDERLYING CO	NUITION last.		(c)			
	201X	- 11			<u> </u>		
0	OTHER SIGNIFICAN						
ATI	TO THE DEATH BU			AL			
0		RATION 198. CO	NOTION FO	OR WHICH OPERATION	20 A. AUTOPSY? (Yes or N	o) 208. IF YES, WERE	FINDINGS CONSIDERED
ERTIFIC	0	WAS P	ERFORMED			IN CERTIFYING C	AUSES OF DEATH?
AL CER	21A. ACCIDENT WOR CONTRIBUTION DEATH (notify med	CAUSE OF		21B. PLACE OF INJURY (e.g., i home, form, factory, street, o etc.)	n or obout 21 C. WHERE DID INJURY OCCUR?	(If in Boltime	ore City, give exoct locotion)
EDIC	21 D. TIME (Mo	nth) (Doy) (Yes	r) (Hour)	21 E. INJURY OCCURRED	21 F. HOW DID IN.	JURY OCCUR?	

While At (APPROX.) Work 22. I certify that (I) (this haspital) attended the deceased from X.c.

Not While At Work

1968 10 and that in (my) (aur) apinian death accurred an the date

and haur and from the causes stated above. (1) (We) (did) (did not) view the body after death. 23A. SIGNATURE

that (1) (we) last saw the deceased alive an

Attending

Med. Director Staff Phys. 23B. DATE SIGNED

23C. PHYSICIAN'S NAME (Type) Dr. Domingo Sorongan 23D. ADDRESS

3915 Hollins Ferry Rd., Lansdowne, Md.

24A. 8URIAL CREMATION, 24B. DATE

24C. NAME of CEMETERY OF CREMATORY

24D. LOCATION

(City, town, or county)

(Stote)

Buria1 10-14-68

Loudon Park Cemetery 258, NAME OF REGISTRAR

Baltimore, City, Baltimore Md

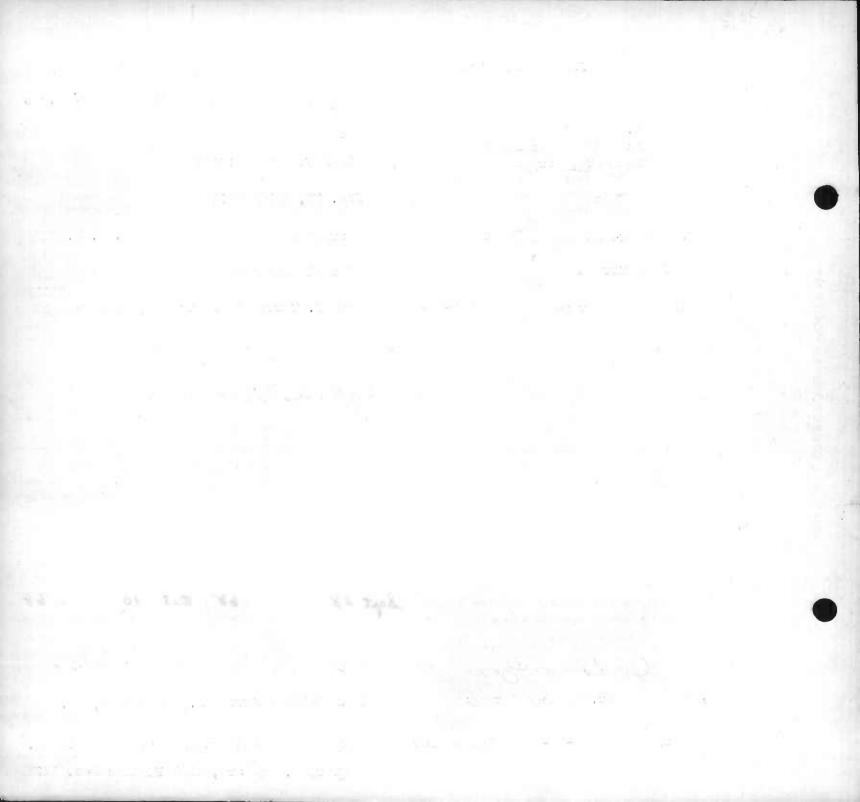
HEALTH DEPT.

Pard H. Hubbard, 4107 Wilkens Ave. 21229

VS 150-REV. 1/1/68

2SA. DATE REC'D 8Y

was D.O. shaws:



7		68-10311 BALTIMORE CITY HEALTH DEPARTMENT 68-10311
		CERTIFICATE OF DEATH
		TH NO. IAME OF DECEMBED 2, DATEAAND HOUR OF DEATH
1		Per of Print) Move And, Theodore toul 110+1968 1/2 Work m.
	3. P	PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE B. COUNTY
1	FUL	LL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET MASSIVEAND HUMBEL
1	HO	SPITAL OR ADDRESS OR LOCATION) D. INSIDE CITY LIMITS?
2	X	NO DUTNIE VES NO DUTNIE
	1	JULIVERS CT FOR MONTH MO HOPE E. STREET AND NUMBER
;		200 PURIPS 111 32 -00
3	5. 5	6. RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 19. AGE of Months; Doys Hours; Min.
	1	WIDOWED DIVORCED 7/25/19
	IOA.	USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (Stote of foreign contrity) 12, CITIZEN OF WHAT COUNTRY?
2		ISKOUCE SELES THOUTAND MELLING NOT
3	13.	CATHER'S NAME
L		MOSTHA, METZLE
	15. V	Was Deceased Ever in U. S. Armed Forces? Sho or unknown) (If yes, give) wor or dotes of service) 16. SOCIAL SECURITY NO.
2	V	sho or unknown) (If yes, givel wor or dotes of service) SECURITY NO.
	-	18. CAUSE OF DEATH
2		DISEASE OR CONDITION DIRECTLY
		LEADING TO DEATH (A) IMMEDIATE CAUSE LINE COCCEDED TE MOTTING
		(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,
		injuly at camplication which caused death.)
5		ANTECEDENT CAUSES (B) FALLULARY CECULIANA
		DISEASES OR CONDITIONS, if any, giving DUE TO, OR AS A CONSEQUENCE OF:
2		rise to the above cause (A) stating the UNDERLYING CONDITION lost.
5		2/72/8 11
	ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
		TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).
	ERTIFIC	194. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION 204. AUTOPSY? (Yes or No) 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
0	CER	21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID (If in Soltimore City, give exect location)
	Æ	OR CONTRIBUTING CAUSE OF home, form, foctory, street, office bldg., INJURY OCCUR?
3	Ω.	21D. TIME (Month) (Doy) (Year) (Hour) 21E, INJURY OCCURRED 21F. HOW DID INJURY OCCUR?
9		OF INJURY While At Not While
5		WORK AT WORK AT 16 16 1
2		22. Cartify that (1) (this haspital) attended the deceased from 19 20 ta 19 20 ta 19 20 ta
0		the (1) we last saw the deceased alive on 19 and that (n(my) four) apinian death accurred an the date
7		and have and from the capses stated above. (1) (We) (did) (did not) view the body after death.
2		234. SIGNATURE 23B. DATE SIGNED Attending Med. Staff Co.
-		Director Phys. Director Phys.
5		DOC BLYCICIANY
3		23C. PHYSICIAN'S NAME (Type) 23D. ADDRESS
n Andre		HAME (Type) EdwARD. LAXNE DEGREE OUIVERSITY HOSATAL
		NAME (Type) Toward o LA NE DEGREE DUIVESTY HOSATA A. BURIAL CREMATION, 248. DATE 24C. NAME OF CEMETERY OF CREMATORY 24D. LOCATION (City town, or county) (Stote)
2		A. BURIAL CREMATION, 248. DATE 24C. NAMELOF CEMETERY OF CREMATORY 24D. LOCATION (City Town, or country) (Stote) UN TOL 10/15/68 Glan Haven Memorial Park Clen BURNIA 2016.
2		NAME (Type) Toward o LA NE DEGREE DUIVESTY HOSATA A. BURIAL CREMATION, 248. DATE 24C. NAME OF CEMETERY OF CREMATORY 24D. LOCATION (City town, or county) (Stote)

2/8 65 - 4705 From it is the the day prompter the form

VS 151-REV. 1/1/6B

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68-10313 BALTIMORE CITY HEALTH DEPARTMENT

	. 4		
MATRICAL	EV A MAINTEDIC	CEDITIEIC A TE	OF DEATH
MEDICAL	EXAMINEK 2	CERTIFICATE	OF DEATH.

68-10313	(58	3-	1	0	3	1	3	
----------	---	----	----	---	---	---	---	---	--

BIRTH NO.				0, 0.		REG. NO	D		
NAME OF DECEASED	JOSEPH A.REU	S	2. DATE OF DEATH	Knawn Estimated	Month	Day	Year	Haur	м.
4. PLACE IN BALTIMORE, MAR' FULL NAME OF (IF NOT I HOSPITAL ADDRESS OR INSTITUTION	VLAND, WHERE PRON N HOSPITAL OR INSTITU S OR LOCATION)			UNCED DEAD	Month October			1:20	P. M.
	re Street -	Room #10	A. STATE	Maryland		COUNTY		erare aamis	isian)
6. SEX 7. RACE		NEVER MARRIED	C. CITY OF		ı	. INSIDE	CITY LIMITS?	- 460	Ditte.
Male White				Baltimor	e	1	YES X	No de	6
	0. AGE (In yeors ast birthday) 60 56	Jnder 1 Yr. If Under 24 Hrs. nths: Days Hours Min.	E. STREET	7 E. Cen	tre Stre	et - :	Room #1	0	
MARYIANA	country) 12.	WHAT COUNTRY?	Geoi	00	eus				
4A.USUAL OCCUPATION (Give keeper during mast of warking life, ever for king C. Lerk		N Drug Co	Doro	thy M	Adkr				
16. WAS DECEASED EVER IN U. (Yes, na ar unknown) (If yes, give wa		17. SOCIAL/ SECURITY NO. 216 0/5565	18. INFOR		11 11/11		ADDRESS + Ave, +	tamps	13/0
19.		CAUSE OF DEA	ATH					PROXIMATE IN ZEEN ONSET A	
DISEASE OR CONDIT		• -		cardiova	scular d	iseas	e		
(This daes not mean the m heart failure, asthenia, etc. li injury or camplication which	ade of dying, e.g., means the disease,	(A)IMMEDIATE DUE TO, OR	AS A CONSE	UENCE OF:					
injury or camplication which	causea deam.)								
DISEASES OR CONDITIO RISE TO THE ABOVE CAUS UNDERLYING CONDITIO	NS, IF ANY, GIVING IE (A) STATING THE	(B)	AS A CONSE	QUENCE OF:					
OTHER SIGNIFICANT CONE TO THE DEATH BUT NOT R DISEASE OR CONDITION G	OUTTONS CONTRIBUTING				~~~~	~~~~~~~			
20A. DATE OF OPERATION		R WHICH OPERATION W	AS PERFOR	MED		-	21. AUTO	PSY? (Yes	or No)
.1()							No		
22A. EXTERNAL CAUSE W UNDERLYING OR CONTR UTING CAUSE OF DEATH	hon	PLACE OF INJURY(e.g., ne, farm, factory, street, affi	, in or about ce bldg., etc.)	22C. WHERE DID NJURY OCCUR?	(If in Baltimore	City, give e			
Z2D. TIME (Month) (Do OF INJURY (APPROX.)	y) (Yeor) (Hour)		T WHILE	22F. HOW DID II	NJURY OCCUR	?			
23. I certify that I hel	d an Inquiry	Inspection X Au	Jtapsy 🔲	and that an	this basis, d	eath in m	v apinian		
resulted fram: Na	tural causes X	Accident Suici		amicide CHIEF MEDICAL	Undetermine EXAMINER	d manner		DATE SIGI	NED
SIGNATURE	rles S. Spri	ngate, M.D.	J.	ISTANT MEDICAL OCIATE MEDICAL		xi □ o	ctober	10, 19	968
24A. BURIAL CREMATION, 241 REMOVAL (Specify)	3. DATE 2	Druid Ri	,	1	LOCATION		iwn, or county)) (Sto	ote)
25A. DATE REC'D BY HEALTH DE	PT. 25B. NAM	E OF REGISTRAR	255	FUNERAL DIREC		1 1/6	ADDRESS	3 /4	m
VS 151-REV. 1/1/6B		13	4 1/1	ruly M	Burne	1/1			

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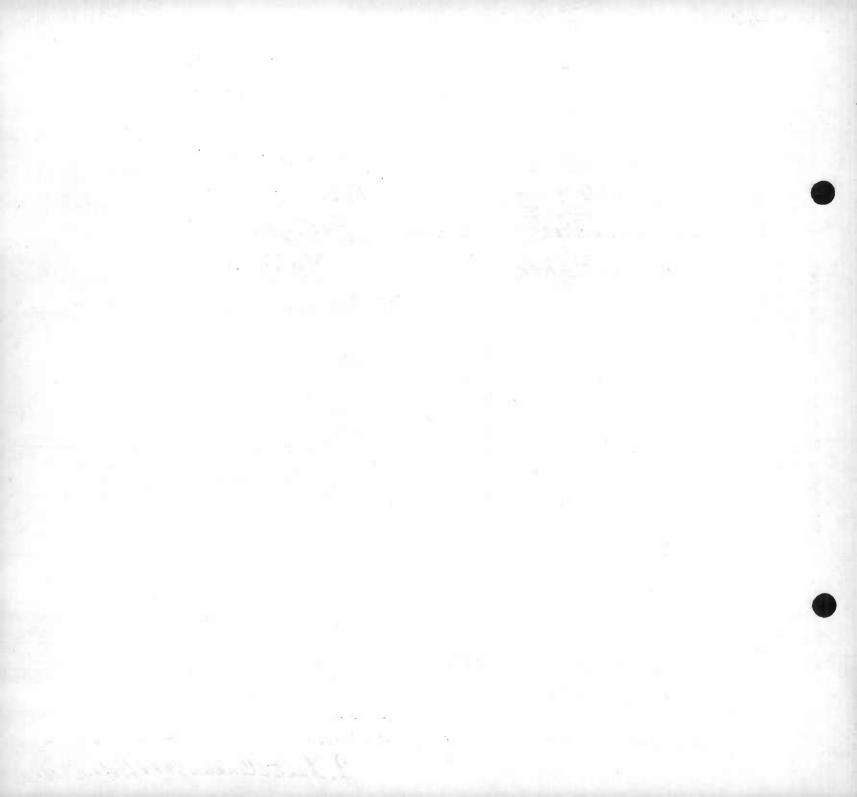
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Charles I. Island Da. I.

	68-10314 BALTIMORE CI	TY HEALTH DEPARTMENT 68-10314
	CERTIFIC	ATE OF DEATH
	ATH NO.	2, DATE AND HOUR OF DEATH
	Pe of Print) ROSSO NETTIE	10-9-68 3.45 A.M.
3.	PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission)
HC	ILL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET OSPITAL OR ADDRESS OR LOCATION)	MARYLAND B. COUNTY C. CITY OR TOWN B. COUNTY D. INSIDE CITY LIMITS?
1	UTHERAN HOSPITAL OF MARYLAND	BALTIMORE YES NO
4	16	5526 WILLYS AVE.
5. 3	SEX 6. RACE 7. MARRIED X NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years If Under 1 Yr., II Under 24 Hrs.
	F WIDOWED DIVORCED	6-8-1916 52
	NUSUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUST the during most of working life, even if retired)	RY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
1	Housework Own Home	Maryland U.S.A.
13.	FATHER'S NAME	14. MOTHER'S MAIDEN NAME
	Eugene Citro Was Deceased Ever in U. S. Armed Foices? 16. SOCIAL	Lucy Alfinito
5. Ye	s,no,or unknown) (If yes, give wor or dotes of service) SECURITY NO.	17. INFORMANT ADDRESS
	NO	Philip J. Rosso 5526 UVillys Ave.
_	1B. / 9 9 CAUSE OF DEA	ATH APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY	BETWEEN ONSET AND DEATH
	LEADING TO DEATH	AUSE CARCINOMATOSIS 13 BAYS
	(This does not mean the mode of dying, e.g., heart failure, osthenia, etc. It means the disease,	S A CONSEQUENCE OF:
	injury or complication which coused death.)	
	ANTECEDENT CAUSES	- 1
	DISEASES OR CONDITIONS, if ony, giving DUE TO, OR	A5 A CONSEQUENCE OF:
	rise to the obave cause (A) stating the UNDERLYING CONDITION lost.	
	(0)	
ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	
RTIFIC,	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20 A. AUTOPSY? (Yes or No) 20 B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
CAL CE	21 A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g home, form, loctory, street, etc.)	office bldg., INJURY OCCUR? (If in Boltimore City, give exact location)
0		21F. HOW DID INJURY OCCUR?
Z	(APPROX.) While At Not W	
	Work AT WO	
	22. I certify that (1) (this hospital) attended the deceased from	, 2
	that (I) (we) last saw the deceased alive on 10-5	19.66 and that in(my) (our) opinion death occurred on the date
	and hour and from the causes stoted above. (I) (We) (did) (dld not	
	23A. SIGNATURE	23B. DATE SIGNED
	K tomast	Attending Med. Director Phys. 10-9-68
	23C.PHYSICIAN'S	23D. ADDRESS
	NAME (Type) JORGE GARCIA	LUTHERAN HOSPITAL OF MA
24	A. BURIAL CREMATION, 248. DATE 24C. NAME of CEMETERY of	EE LUTHERAN HOSPITAL OF MS CREMATORY 24D. LOCATION (City, town, or county) (Stote)
	REMOVAL (Specify)	10 10 016 00 11-1
	DUVIAL 101,168 BOLLONATIONS	Hemetery Balto, Maryland
25	A, DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	2 SC. FUNERAL/DIRECTOR ADDRESS DA Pabrosa INC1928 Salphar Sp. Ped
_	BRI T # 1200 1 (10 5570) 50 10 10 10 10	Of Borose INC/30801/phar Spile
VS	150-REV. 1/1/6B	

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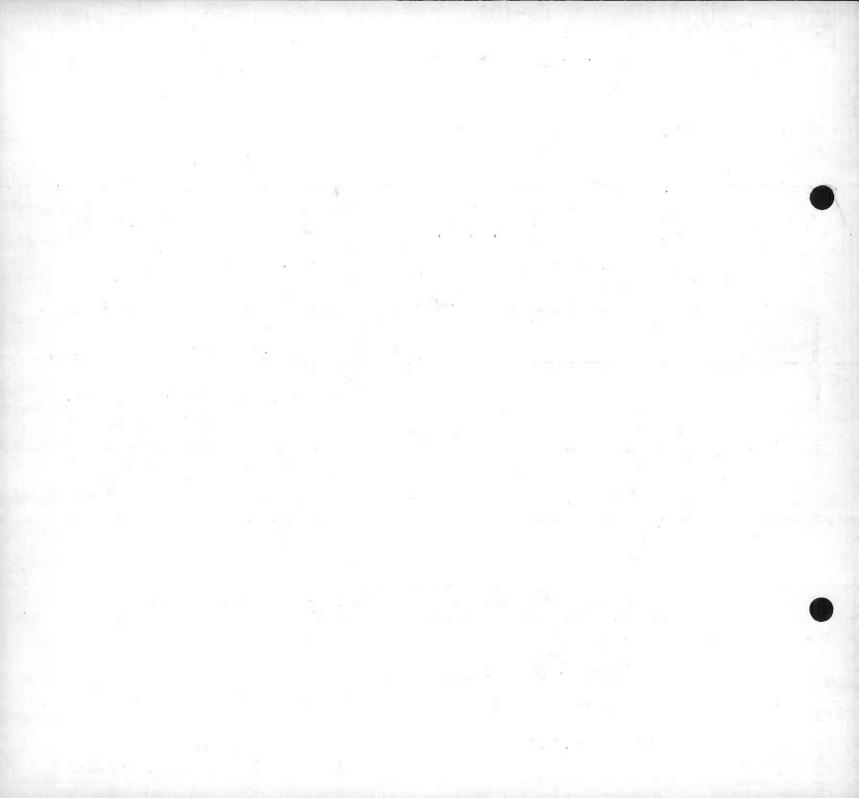
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1 / 1169 Founder Brok Browley Frittenson, Warrer

VS 150-REV, 1/1/68



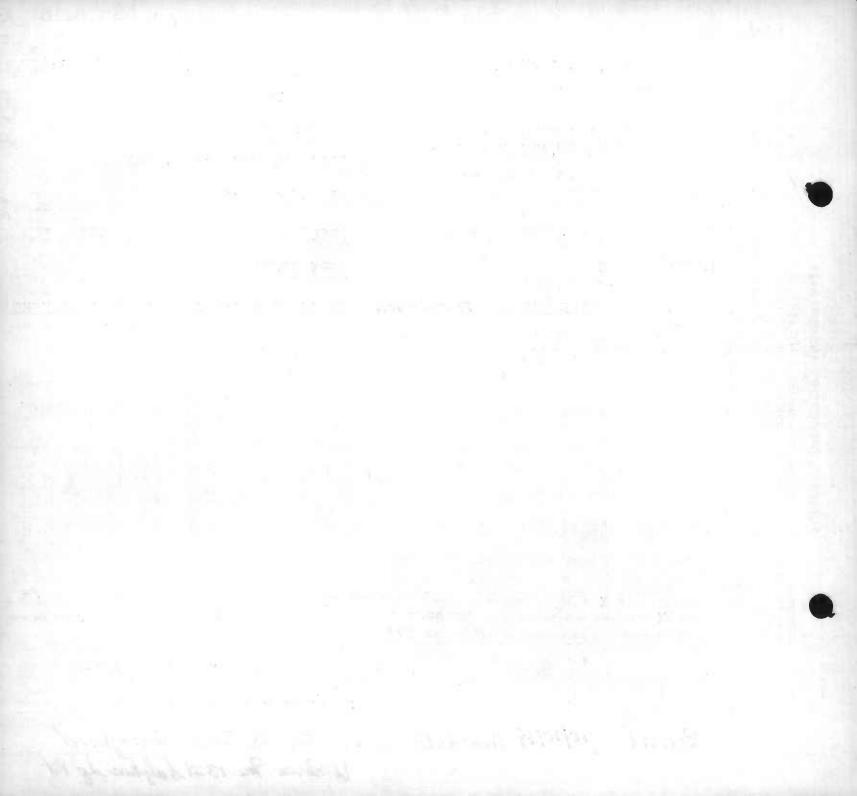
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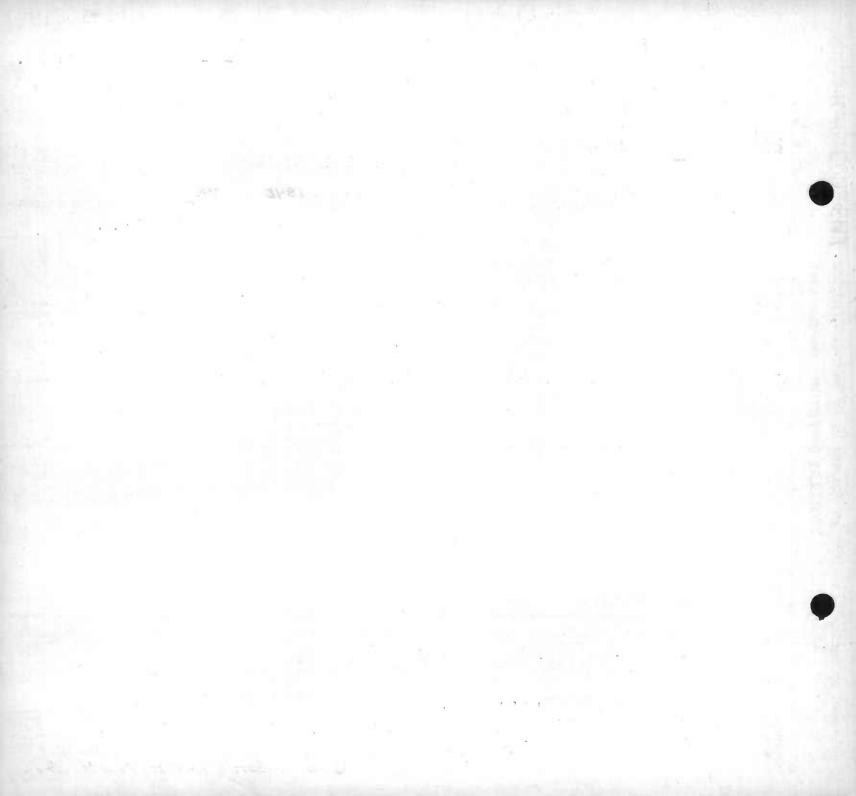
BALTIMORE CITY HEALTH DEPARTMENT 69-102

10		CITY THE TETT DELY THE THE	
1 2	0=0=:=:	CATE OF DEATH	
1 (7	(FD I IFI		

REG. NO.	68-10-18
1	

I. NAME OF DECEASED		OLO CERTIFICA				
(Type or Print)	DATRICK			ND HOUR OF DEATH		
3. PLACE IN BALTIMORE, M.	PATRICK J		4. USUAL RESIDENCE (Wh	OBER 7, 19	968 5:45PA	
			A. STATE B. COU	NTY 12.	12 A 12 00	
ST AGNES HOSPITAL FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) WILKENS & CATON AVENUE BALTIMORE MARYLAND 21229			MARY LAND C. CITY OR TOWN D. INSIDE CITY LIMITS?			
			BALTIMORE D. INSIDE CITY LIMITS?			
			E. STREET AND NUMBER			
DALITMU	RE MARTLA	NU ZIZZY	1311 SULPH	R SPRING	ROAD	
5. SEX 6. RACE	7. MARI	RIED XX NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Hrs Manths! Days Hours Min.	
MALE WHI	TE WIDO	WED DIVORCED	03/17/92	76	Trong State	
10A, USUAL OCCUPATION (Gi		D OF BUSINESS OR INDUSTRY		eign country)	12. CITIZEN OF WHAT COUNTRY	
RETIRED BOILE		RAILROAD	IRELAND		USA	
13. FATHER'S NAME	IX IIANGIN	MAILMOAD	14. MOTHER'S MAIDEN NAME			
IICHAEL BURKE			MARY COFFEY			
5. Was Deceased Ever in U. Yes, no ar unknawn) (If yes, giv	S. Anned Farces?	16. SOCIAL	17. INFORMANT		ADDRESS	
		705-05-3402	CT ACMES D	ECORDO	CATON C MILKERS	
YES WO	RLD WAR 1	CAUSE OF DEAT		ECORDS	APPROXIMATE INTERVAL	
OTHER SIGNIFICANT CON TO THE DEATH BUT NOT	DITIONS CONTRIBUTI	NG Interferi	e Obestruction			
DISEASE OF CONDITION OF THE PROPERTY OF THE PR		OR WHICH OPERATION	NO	20B. IF YES, WERE IN CERTIFYING C.	FINDINGS CONSIDERED AUSES OF DEATH?	
OR CONTRIBUTING CA	AUSE OF	21B. PLACE OF INJURY (e.g., i hame, farm, factory, street, or etc.)	n or about 21C. WHERE DID	(If in Baltimo	are City, give exact lacation)	
_	Day) (Year) (Hour)	21E. INJURY OCCURRED While At Not While Work At Wark	21F. HOW DID IN	JURY OCCUR?		
OF INJURY						
(A PPROX.)	nis haspital) attend		PT 18	19.68 to OC	TOBER 7 19 68	
(APPROX.) 22. 1 certify that (IX(t)		ed the deceased framS_E	PT 18	19 6.8 ta OC	TOBER 7 19 68	
22. I certify that (IX(t) that V((we) last saw	the deceased alive	ed the deceased fram_S_E	1968and 1	hat in (%) (aur) of	TOBER 7 19 68	
22. I certify that (IX(t) that V((we) last saw	the deceased alive	ed the deceased framS_E	1968and 1	hat in (%) (aur) of	TOBER 7 19 68 Dinion death occurred on the do	
22. I certify that (IX(t) that (IX(we) last saw and haur and from the	the deceased alive	an OCTOBER 7 e. (XXWe) (did) (XXXV)	19 68 and friew the bady after death	hat in (‰)∜ (<u>aur) o</u> g	23B. DATE SIGNED	
(APPROX.) 22. I certify that (IX(t) that VX(we) last saw and haur and from the 23A. SIGNATURE	the deceased alive	an OCTOBER 7 ve. (M) XWe) (did) (J(d(n)/et) v	19 68 and friew the bady after death	hat in (%) (aur) of	pinian death occurred an the da	
22. I certify that (IX(t) that (X(we) last saw and haur and from the 23A. SIGNATURE	the deceased alive	an OCTOBER 7 ve. (M) XWe) (did) (J(d(n)/et) v	19 68 and the leady after death ording Med. Director	hat in (‰)∜ (<u>aur) o</u> g	23B. DATE SIGNED	
22. I certify that (IX(t) that (IX(we) last saw and haur and from the 23A. SIGNATURE 23C. PHYSICIAN'S NAME (Type) 24A. BURIAL CREMATION, 12	the deceased alive causes stated above A. Latr	ed the deceased from SE an OCTOBER 7 re. (X) XWe) (did) (d(x)(1) v aegree Phy	19 68 and the bady after death of the bady after death	hat in (‰)∜ (<u>aur) o</u> g		
22. I certify that (IX(t) that (IX(we) last saw and haur and from the 23A. SIGNATURE 23C. PHYSICIAN'S NAME (Type)	Late A Dator AB. DATE 10/10/68	ed the deceased from SE an OCTOBER 7 ve. (X) XWe) (did) (3(0X) 1) Attemption of the content of	19 68 and the bady after death of the bady after death	Shaff D	23B. DATE SIGNED 10/07/68	





68 -- 10320 baltimore city health department

MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO.

68-10320

on the contract of the contrac		
1. NAME OF DECEASED (Type or Print) JOSEPH JAMES TOMALSKI	2. DATE Known Month Day September 28,19	968 Hour 11:28A. M.
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL ADDRESS OR LOCATION)	PRONOUNCED DEAD September 28,19	Year Haur 11:28 A _M
MEREY HOSPITAL	S. USUAL RESIDENCE (Where deceased lived, if institution: r A. STATE Maryland B. COUNTY	esidence befare admission)
6. SEX 7. RACE 8. MARRIED NEVER MARRIED	C. CITY OR TOWN D. INSIDE CITY	LIMITS?
Male White widowed □ Divorced □	Baltimore YES	NO D
9. DATE OF BIRTH 10. AGE (In years If Under 1 Yr. If Under 24 Hrs. Doys Hours Manths, Doys Hours Min.		0/
11. BIRTHPLACE (Side or foreign country) MARYLAYD 12. CITIZEN OF WHAT COUNTRY?	THOMAS TOMALSKI	
14A. ÚŠVAL OČCÚPÁTÍON (Give kind of wark 14B. KIND OF BUSINESS OR INDUSTR done during most of warking life, even if retired)	MID MODEL TO THE	DALLI P.T
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no arunknown) (If yes, give wor ar dotes of service) SECURITY NO.	BERTHA SOBOTKA 2539E	PRESS CASTERNAL AUTO
19. CAUSE OF DEA		APPROXIMATE INTERVAL
51221		BETWEEN ONSET AND DEATH
LEADING TO DEATH (A)IMMEDIATE	erebral Injuries	
(This daes not mean the made of dying, e.g., heart failure, osthenia, etc. It means the disease, injury or complication which caused death.)	AS A CONSEQUENCE OF:	
ANTECEDENT CAUSES (B)		
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	AS A CONSEQUENCE OF:	TO STATE OF
Z ONDERETING CONDITION CAST. (C)		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W		
20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W	/AS PERFORMED	21. AUTOPSY? (Yes or No)
	Too Muras Bu W	yes
UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH.		
22D. TIME (Month) (Doy) (Year) (Hour) 22E.INJURY OCCURRED OF INJURY) WHILE AT TO NO.	22F. HOW DID INJURY OCCUR?	
	WORK \ Unk?	
	utapsy 🗴 and that an this basis, death in my a	pinian
resulted fram: Natural causes Accident Suici		K
ACTUAL SIGNATURE Sured Willaub M.	CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER	DATE SIGNED
examiner's Ronald N. Kornblum, M.D.		ber 11,1968
24A. BURIAL CREMATION, REMOVAL (Specify) BURIAL 10 - 14 - 1968 HOLY ROSA 25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	RY CEM, DUNDALK M	ORESS (Siate)
OCT 1 4 1968 1 7 9 6 28 Faller		HOIS, CHESTERS
VS 151 PEV 1/1/68		

MAKYLAND USA THOMAS TOMALSKI

FRIENDRO AKKENA TUNARDELLE

VES WUNN BERTINA SEBUTION \$53454575777

Rand Whate

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IMPORTANT

DIRECTOR:

FUNERAL

BALTIMORE CITY HEALTH DEPARTMENT

Hypothern C. V. D. S. C. Lines

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a hospital and

		00 4000	BALTIMORE CITY	HEALTH DEPARTMENT		68-10222
Contract of the Contract of th		68-1032	CERTIFICA	TE OF DEATH	REG. NO	68-10323
1. NAME OF (Type or Prin	DECEASED	N. AL. 10	ancety/		AND HOUR OF DEAT	68 10:63 P. M
3. PLACE IN	VIICGI		INCED DEAD	4. USUAL RESIDENCE (W	here deceased lived. If	institution: residence before admission)
3. 12.402 11				A. STATE 8. CO	UNTY	3 1
HOSPITAL O	OR ADDRESS OR	LOCATION)	JTION, GIVE STREET	C. CITY OR TOWN	ID all	KIDE CITY LIMITS?
i A C	PUBLIC HEA	I TH SERI	ICE HASP	BALTIMO	40 40	YES A NO
YVIS				E. STREET AND NUMBER	. 0	26 22
WYI	MAN PK. U	R 3313	- ST.	1006 h	1. 13ALT 11	MORE ST.
5. SEX	6. RACE	7- MARRIED WIDOWED		0.d. 9 1896	9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
	OCCUPATION (Give kind		BUSINESS OR INDUSTRY	11. 8IRTHPLACE (State or f	oreign country)	12. CITIZEN OF WHAT COUNTRY
	SEW FELAUN	IDRESS 7	BULLARY	MD.		U.S.
3. FATHER		17 -	NUS/	14. MOTHER'S MAIDEN N	IAME	
	RANK AIR	EY		SARAIT	O'TOOL	E
	cosed Ever in U. S. Arm		1 6. SOCIAL	17. INFORMANT	0 . 00	ADDRESS
NO	known) (If yes, give wor	or doles of servicer	SECURITY NO.	PECOPOS	USPHS HO	OSP. BALTO.
18.	110		CAUSE OF DEATI	1 Section 1	0.277(3 110	APPROXIMATE INTERVAL
500 /	DISEASE OR CONDITION	N DIRECTLY				BETWEEN ONSET AND DEAT
	LEADING TO DI	ATH	(A)IMMEDIATE CAU	SE DEHYDRAT	ION & MALN	JUTRION WEEKS
	laes not mean the mo pilure, asthenia, etc. It i		DUE TO, OR AS	SE UEITY ()KIT (A CONSEQUENCE OF:	tp	
	or camplication which c		Del	10000		
	ANTECEDENT CA	USES		-VIC ABSCE	22	
	SES OR CONDITIONS		DUE TO, OR AS	A CONSEQUENCE OF:		•
	o the obove couse RLYING CONDITION to		(c)		***************************************	
62	6X 11			Wh.		
	SIGNIFICANT CONDITION			2		
▼ DISEASE	OR CONDITION GIVEN	IN PART 1 (A).		100 A	N. V. cop. in van	
19A. DA 21A. AC		S PERFORMED	WHICH OPERATION	20 A. AUTOPSY? (Yes or	IN CERTIFYING C	RE FINDINGS CONSIDERED CAUSES OF DEATH?
OR CO	CCIDENT WAS UNDERLY NTRIBUTING CAUSE C (notify medical examine)	F 21 B. hom etc.	e, form, foctory, street, of	n or obout 21 C. WHERE DID fice bldg., INJURY OCCUR?	(If in Saltin	nore City, give exact location)
21 D. TIA	AE (Month) (Doy)	(Year) (Hour) 21E.	INJURY OCCURRED	21F. HOW DID	NJURY OCCUR?	
(APPRO		Whi	ile At Not While			
22. 1 6	ertify that	spital) attended t	he deceased from	TULY 18.	1968 to C)cT. 11, 1965
	(we) lost sow the de		OCT 11.	19 68 ond	44	pinion death occurred an the dat
1	Pro garante		(Wa) (Mr.) (Assessment)	iew the body ofter deot		
	NATURE	\$ 31dred dbove. 6	A COLUMN AND AND A COLUMN AND A			23B. DATE SIGNED
0	mashi 1	1 / Van	// () Dh	nding Med.	Stoff C	10/11/68
23C.PH	YSICIAN'S	N. N.	DEGREE Phy	23D. ADDRESS	Phys.	10 / 100
	ME (Type)	DENK	ER M.D.	US PLIS 1	INSP BAI	LTO. MD
24A, RIIRIA	L CREMATION, 248. DA	TE 240 N	ME of CEMETERY OF CRI	MATORY 124D		(City, town, or county) (State)
REMO	VAL (Specify)	15 10 N		0	P	\ A .
BUR	SIAL 10-	12-68	IT. CARMEL	CEM.	QALTO.	ND,

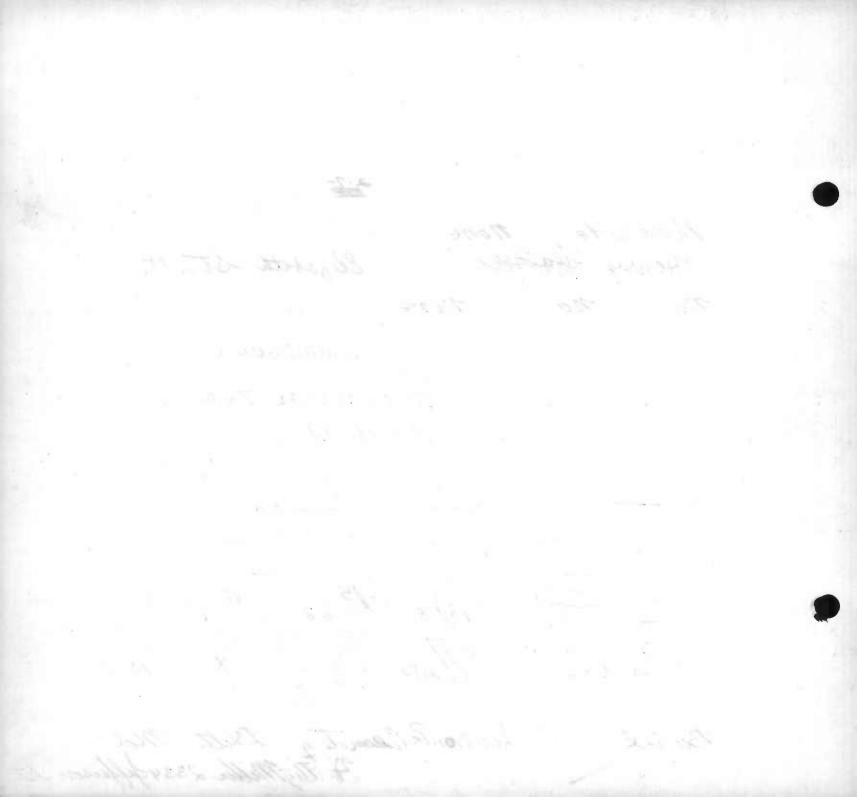
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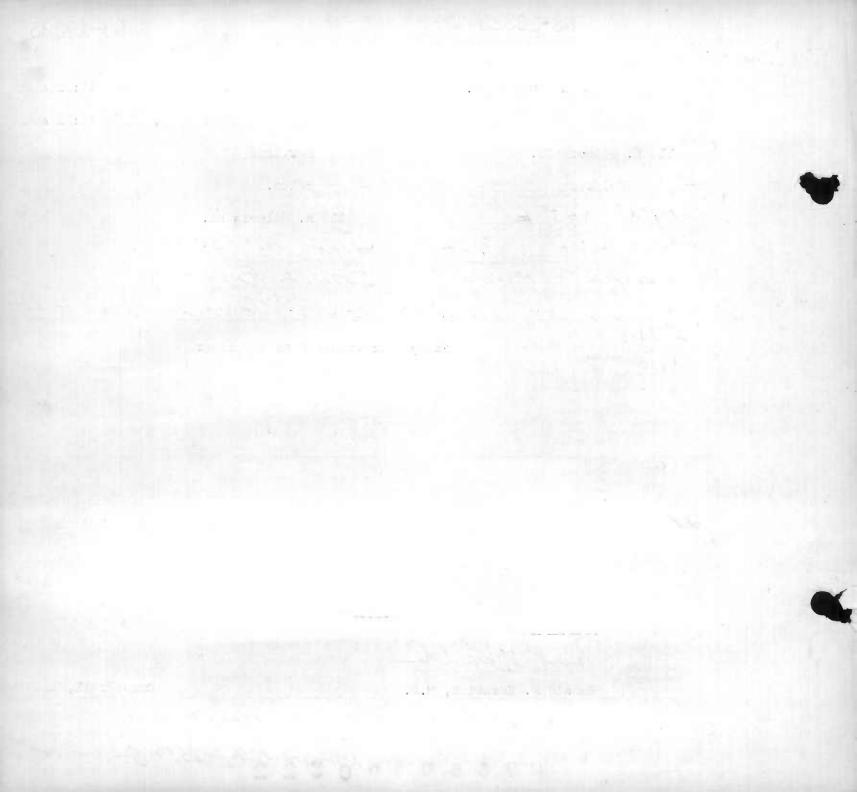




68-10325 Baltimore City Health department

69-40225

MEDICAL EXAMINER'S (CERTIFICATE OF DEATH REG. NO.	00_T0050
1. NAME OF DECEASED	2. DATE Known A Month Doy Ye	eor Hour
(Type or Print)	OF A	
PAUL McCARGO 4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	TO II	8 11:35 a M.
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET	PRONOUNCED DEAD	eor Inou
OR INSTITUTION (IF NOT IN TOSTITAL OR INSTITUTION) ADDRESS OR LOCATION)		68 11:35 a M.
00	A. STATE B. COUNTY	
6. SEX 7. RACE 8. AMARDIED TAISVER AMARDIED	Maryland C. CITY OR TOWN D. INSIDE CITY LIM	IECA
6. SEX 7. RACE 8. MARRIED NEVER MARRIED	C. CITY OR TOWN D. INSIDE CITY LIM	112.5
Male Colored WIDOWED DIVORCED	Balto.	NO.
9. DATE OF BIRTH II. AGE (In years If Under I Yr. II Under 24 Hrs. Months, Doys, Hours, Min.		
11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF	224 N. Gilmore St.	
CHARLETTE GE V.A. WHAT COUNTRY?	Silas Mclango	
14A. USUAL OCCUPATION (Give kind of work 148. KIND OF BUSINESS OR INDUSTRY done during most of working life, even il retired)	115. MOTHER'S MAIDEN NAME	
TRUCK HELPER MOUNE	GUTNER PRLMION	
16. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. SOCIAL	18. INFORMANT ADDRES	٤.
(Yes, no or unknown) (II yes, give wor or dates of service) SECURITY NO.	Former MCLARAD 2014 1	ENRUSE AL
I/A. CAUSE OF DEA	TH	APPROXIMATE INTERVAL
7/8 1		BETWEEN ONSET AND DEATH
	tamorphosis of the liver	
LEADING TO DEATH		
(This does not mean the mode of dying, e.g., heart foilure, osthenio, etc. It means the disease, injury or complication which coused death.)	AS A CONSEQUENCE OF:	
ANTECEDENT CAUSES (B)		
DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO, OR RISE TO THE ABOVE CAUSE (A) STATING THE	AS A CONSEQUENCE OF:	
UNDERLYING CONDITION LAST.		
O		
S 87.0 II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING		
O THE DEATH BUT NOT RELATED TO THE TERMINAL		
DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 208. CONDITION FOR WHICH OPERATION W.	AS DEDECORATED 21 A	AUTOPSY? (Yes or No)
DATE OF OFERATION 200. CONDITION FOR WHICH OPERATION W	AS PERFORMED 21. A	(010/31/ (100 0/ 110)
		YES
UNDERLYING □ OR CONTRIB. home, larm, foctory, street, offic	in ar obout 22C. WHERE DID (II in 8oltimore City, give exact locot to bldg., etc.) INJURY OCCUR?	ion)
UTING CAUSE OF DEATH.	22F. HOW DID INJURY OCCUR?	
OF INTURY		
	WHILE WORK	
23.	77	
I certify that I held on Inquiry Inspection Au		on
resulted from: Natural causes Accident Suicid	de Homicide Undetermined monner	
0 101/11	CHIEF MEDICAL EXAMINER	
ACTUAL Aud Mande	ASSISTANT MEDICAL EXAMINER	DATE SIGNED
SIGNATURE M.C	2.	
EXAMINER'S NAME (Type) Ronald N. Kornblum, M.D.	ASSOCIATE MEDICAL EXAMINER L	ber 12, 1968
NAME (Type) RONALD N. KOTNDIUM, M.D. 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY		
REMOVAL (Specily)		(21016)
Buner 10/3/68 10401	NACIONAL BALLO MOD	
25A. DATE REC'D BY HEALTH DEPT. 258. NAME OF REGISTRAR	2SC. FUNERAL DIRECTOR ADDRES	SS
061 141968 R.O. A. S. January	ming four Phage 638 n g.	rwa sq
Marin G. Vankey	Jan Jan Jan Jan Jan Jan Jan Jan Jan Jan	
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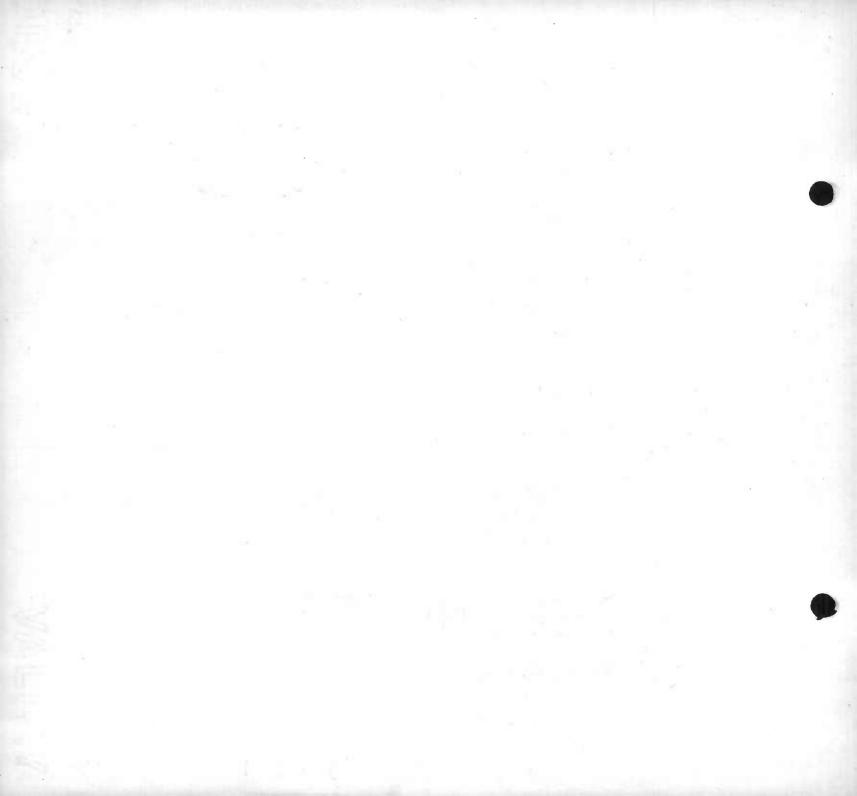
68-10326 BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO.	58-10326
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BIRTH NO.	KEG, NO.
1. NAME OF DECEASED (Type or Print) MICHELE TAYLOR	2. DATE Known A Month Day Year Hour OF DEATH Estimoted Cotober 7, 1968 1:15 A.M.
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	3. DATE Month Doy Yeor Hour
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) OR INSTITUTION	PRONOUNCED DEAD October 7, 1968 1:15 A.M. 5. USUAL RESIDENCE (Where deceased lived. If Institution: residence before admission)
South Baltimore Hospital	A. STATE Maryland B. COUNTY
6. SEX 7. RACE B. MARRIED NEVER MARRIED	C. CITY OR TOWN D. INSIDE GITY EMITS?
Female Negro WIDOWED DIVORCED	Baltimore YES NO NO
9. DATE OF BIRTH 10. AGE (in years If Under 1 Yr. If Under 24 Hrs, Months Doys, Hours Min.	E. STREET AND NUMBER
10-10-47 2120	3403 Chessel Court
11. BIRTHPLACE(State or foreign country) 12. CITIZEN OF WHAT COUNTRY?	William WHITE
14A.USUAL OCCUPATION (Give kind of work) 14B. KIND OF BUSINESS OR INDUSTR	
dong dring most of working life, even if retired)	Sorona Tiegu Man
16. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. SOCIAL	18. INFORMANT ADDRESS
(Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO.	ARTHUR TAYLOR 2841 RAYNOR ANC
19. CAUSE OF DEA	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DISCASE OF CONDITION DIRECTLY) BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	Tutus
(A)IMMEDIATE (CAUSE Intravenous narcotism AS A CONSEQUENCE OF:
heort foilure, osthenlo, etc. it meons the disease, injury or complication which coused death.)	AS A CONSEQUENCE OF.
ANTECEDENT CAUSES (R)	
DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO, OR	AS A CONSEQUENCE OF:
RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	
Z (C)	***************************************
F 323X 11	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W	
DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W	AS PERFORMED 21. AUTOPSY? (Yes or No)
D S DATE OF OFERATION 2001. CONDITION FOR WHICH OPERATION W	AS PERFORMED
	Yes
228. PLACE OF INJURY(e.g., home, form, foctory, street, office uting ☐ cause of Death.	in or obout 22C. WHERE DID (If in Boltimore City, give exact location) to bidg., etc.) INJURY OCCUR?
2 22D. TIME (Month) (Doy) (Year) (Hour) 22E. INJURY OCCURRED	22F. HOW DID INJURY OCCUR?
OF INTURY	WHILE C
23.	YORK L
	and that an this basis, death in my apinion
resulted fram: Natural causes Agaident Suicio	de Homicide Undetermined manner
	CHIEF MEDICAL EXAMINER
ACTUAL SIGNATURE Charles A. D. A. D. M.E.	ASSISTANT MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER
EXAMINER'S Charles S. Springate, M.D.	ASSOCIATE MEDICAL EXAMINER October 7, 1968
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY	
PENOVAL (Specify), 10/10/68 mt Avs.	san Bills mis
25A. DATE RECID BY HEALTH DEPT. 25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR ADDRESS
MO3. 2. 8.0.	I the perent popular (38 N. CIE was 274
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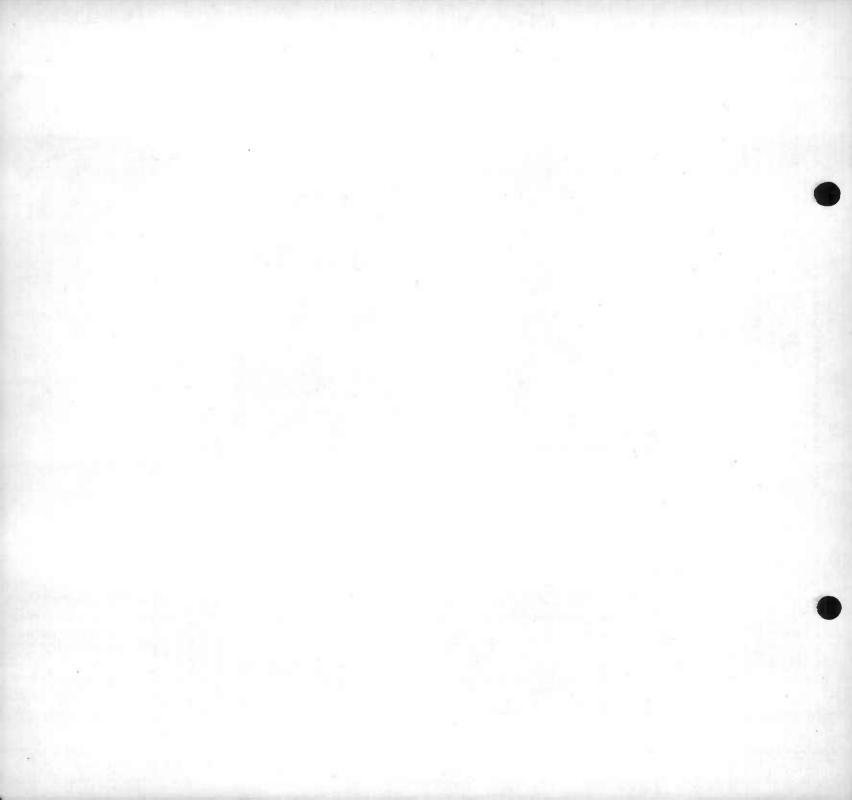
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BALTIMORE CITY HEALTH DEPARTMENT 68-10328 68-10328 CERTIFICATE OF DEATH Registered No. BIRTH NO. M.E. CASE NO. 2. DATE AND HOUR OF DEATH (Type or Print) -196 ETERS UNION 3. PLACE OF DEATH IN BALTIMORE MARYLAND FULL NAME OF (If not in hospital or institution, give street oddress or location) (If outside city limits, write INSTITUTION (If rurol, give location) N. GILMOR 6.4m02 9. AGE (In veors If Under 1 Yr. Months: Days If Under 24 Hrs. 5. SEX Hours WIDQWED, DIVORCED (specify) psy birthdoy! MACS (0/0RDD) WIDONORD 10A, USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTR' 12, CITIZEN OF WHAT COUNTRY? BIRTHPLACE (Stote or foreign country) done during most of working life, even if retired TILITUMAN USA 0 ESTAURAN 13. FATHER'S NAME 4. MOTHER'S MAIDEN NAME JARAN 15. Was Deceased Ever in U. S. Anned Forces ADDRESS 6. SOCIAL 17. INFORMANT (Yes, no or unknown) (If yes, give war or dotes of service) SECURITY NO. 03000 OF DEATH INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the made of dying, e.g., heart foilure, asthenio, etc. It means the disease, injury or complication which coused death.) ANTECEDENT CAUSES DUL DISEASES OR CONDITIONS, if ony, giving rise to the above cause (A) stating the UNDERLYING CONDITION lost. 01 CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 20 A. AUTOPSY? (Yes or No.) 20 B. IF YES, WERE FINDINGS CONSIDERED 198. CONDITION FOR WHICH OPERATION 19A. DATE OF OPERATION WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? 218, PLACE OF INJURY (e.g., in or obout 21 C. WHERE DID OR CONTRIBUTING CAUSE OF (If in Boltimore City, give exact location) home, form, foctory, street, office bldg., INJURY OCCUR? DEATH (notify medical examiner) MEDIC 21 D. TIME OF INJURY (Month) (Doy) (Year) (Hour) 21E INJURY OCCURRED 21F. HOW DID INJURY OCCUR? While At Not While (APPROX.) At Work Work 22. I certify that (I) (this hospital) attended the deceased from that (I) (we) lost sow the deceased alive on ond that in (my) (our) opinion death occurred on the date ond hour and from the couses stoted obove. (1) (We) (did) (did not) view the body ofter deoth. 23A. SIGNATURE 23B. DATE SIGNED Attending L Med. Director Stoff Phys. Phys. 23C. PHYSICIAN'S NAME (Type) 23D. ADDRESS 24A. BURIAL CREMATION, 24B. DATE 4C. NAME of CEMETERY OF CREMATORY 24D. LOCATION City Jown, or county) DEMOVAL (Specify) 0/12/63 25A. DATE REC'D BY HEALTH, DEPT 258, NAME OF REGISTRAR 25C. FUNERAL DIRECTOR

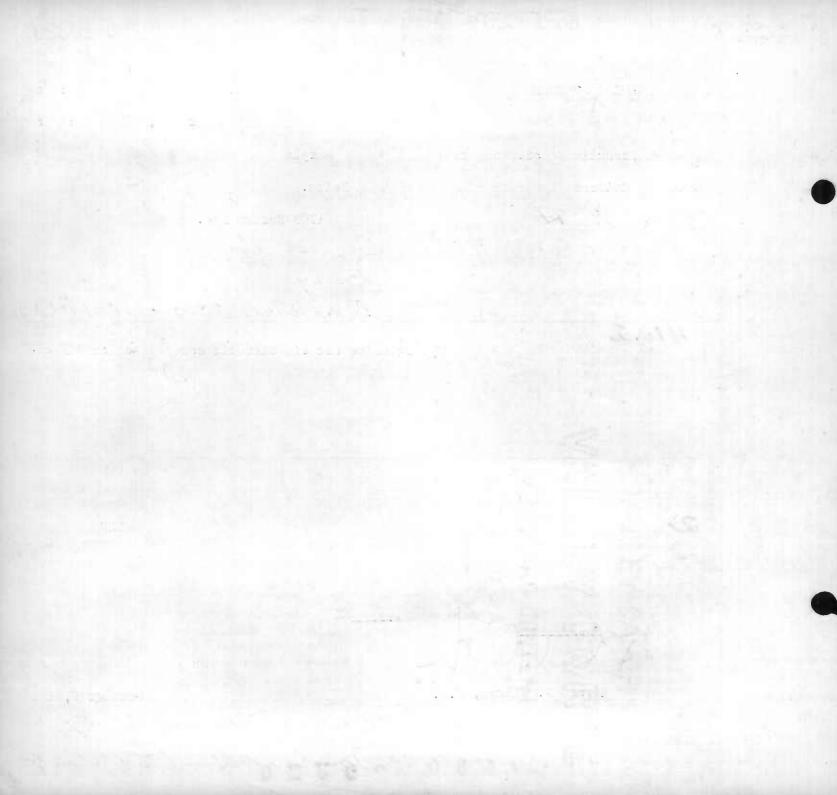
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68-10329 BALTIMORE CITY HEALTH DEPARTMENT

68-10329

RIE	TH NO.	MEL	JICAL E	XAMINER 3	CEKTIFI	CATE OF	DEAT	REG. NO.		
-	NAME OF DEC	EASED			2. DATE	Knawn 353	Manth	Day	Year	Haur
(Typ	e or Print)	R	227		OF	Estimated		9		
4.		FEORGE JOHNSO		OUNCED DEAD	DEATH 3. DATE	2311110700 23	10 Month	Day	68 Year	10:10ам.
	L NAME OF	(IF NOT IN HOSPIT	AL OR INSTITUT			JNCED DEAD				
	SPITAL INSTITUTION	ADDRESS OR LOCA	ATION)		5 HEHAL D	ESIDENCE (Where	Octo			3 10:10 ам.
	31				A. STATE	ESIDENCE (Where	deceased in	B. COUNTY	residence d	letore odinisation)
_	06	Franklin Squ				Maryland			(September 1)	Contract of the Contract of th
6.	SEX	7. RACE	8. MARRIED	NEVER MARRIED	C. CITY OR	TOWN		D. INSIDE	EMITS?	Conference .
	Male	Colored	WIDOWED	DIVORCED .	Ba	lto.		Y	ES 🔁	NO O
9.	ATE OF BIRTH	10. AGE (I		Inder 1 Yr. If Under 24 Hrs.		ND NUMBER				
/	April :	26-14 74	-	inis boys i noors i min.		1703 Harl	om Asza			
11.	BIRTHPLACE (S	tate ar fareign cauntry)	12.	CITIZEN OF	13. FATHER		,			
1) NACO	ESTER CO	mi	WHAT COUNTRY?	GARI	DIFL 3	TONA	is on		
144			14B. KIND OF	BUSINESS OR INDUSTR						
		arking life, even if retired)			五					
14	MAC DECEASE	D EVER IN U.S. ARME	D CORCESS	17. SOCIAL	18. INFORM	129		Α.	DDRESS	
	s, no ar unknawn)	(If yes, give war ar dates		SECURITY NO.	1		er C	30 Pon		10-4012
	NO				trom	AWAR	16 8	OUTER		/
	19.	.2.1		CAUSE OF DEA	ATH					PROXIMATE INTERVAL FEN ONSET AND DEATH
	DISEASE	OR CONDITION DIRE	CTLY	Hyperter	nsive a	rterioscle	erotic	cardiov	ascula	r disease
	L	EADING TO DEATH		(A)IMMEDIATE						
H	heart failure,	ot meon the mode of de asthenia, etc. It means the oplication which caused de	e diseose,		AS A CONSEQ	UENCE OF:				
Н	,,		,							
	AN	ITECEDENT CAUSES		(B)				~~~~~~~~~~~~		
	DISEASES C	ABOVE CAUSE (A) STA	Y, GIVING	(B)	AS A CONSE	QUENCE OF:				
7	UNDERLYIN	IG CONDITION LAST.		(c)						
ō	1/4. 2	X 11		, -,						
X		IFICANT CONDITIONS C								
E		ATH BUT NOT RELATED TO CONDITION GIVEN IN P								
CERTIFICATION	20A. DATE OF	OPERATION 208. CO	NDITION FOR	WHICH OPERATION W	AS PERFORM	\ED			21. AUTO	PSY? (Yes ar No)
Ö	2									
A	22A. FXTER	NAL CAUSE WAS	22B.	PLACE OF INJURY (e.g.,	in or about 2	2C. WHERE DID	(If in Baltima	re Cltv. give exc	YES	<u> </u>
EDIC,		OR CONTRIB-	hom	e, farm, factory, street, offic	ce bldg., etc.) li	NJURY OCCUR?	(1) 111 50111110	o city, give one		
		USE OF DEATH. Manth) (Day) (Yea	- (U) I	22E.INJURY OCCURRED	2	2F. HOW DID IN	ILIBY OCCI	IDO		
-	OF INJURY	Manth) (Day) (Yea			T WHILE	21. HOW DID 114.	JOK! OCC!	JK!		
	(APPROX.)		m.		WORK					
	23.				. \(\frac{1}{2}\text{k}\text{r}			1 4 .		
			Inquiry	InspectionAL	utopsy XX	and that on th	his basis,	death in my	apinion	
	result	ed from: Antural co	ISES TAN	Accident Suici	de 📙 Ho	amicide 🔲	Undetermi	ned manner (
		1V	1			CHIEF MEDICAL E	EXAMINER			DATE SIGNED
	ACTUAL SIGNATU	IDE SAN	71100	II ME	ASSI	STANT MEDICAL	EXAMINER	kxk		DAIL SIGNED
	EXAMINE			71		CIATE MEDICAL E	XAMINER			
	NAME (T	4 4	. Wilso	n, M.D.					Octob	er 9 1968
	A. BURIAL CREA	AATION, 24B. DATE		4C. NAME of CEMETERY	ar CREMATO	ORY 24D.	LOCATION	(City, taw	n, ar county)	
RE	MOVAL (Specif	10/13	/1968	LINORS 1	Pd cu	lonca!	0000	UBSTER	C 7	m8)
25	DATE DECID	BY HEALTH DEPT.	25B NIAM	E OF REGISTRAR	1-6	FUNERAL DIRECTO			DDRESS	
23	A. DATE REC DA	161 1 4 1968	O B	TO REGISTRAR	1230.	/ DINEKAL DIRECTO	en Al	1	DUKE33	
		2.1000	Hotery	CH LONDON	2000	of Smara:	M	Jus 60	5カラ	show so
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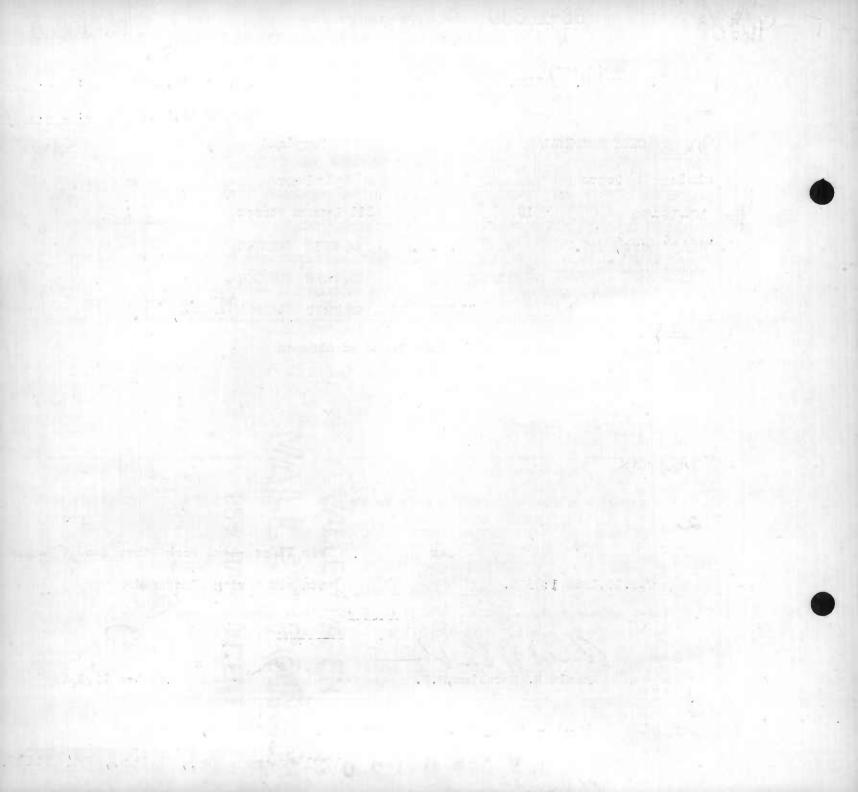
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68-10330 BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

6	8-	1	0	3	3	0
	_	_	-	_	-	0

BIRTH NO.
1. NAME OF DECEASED (JOHN) (Type or Print) JONNIE N. FULLER 2. DATE Month Doy Yeor Hour Great G
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 3. DATE Month Day Year Hour
FULL NAME OF HOSPITAL (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) PRONOUNCED DEAD OCTOBER 13,1968 6:00 A. M.
OR INSTITUTION CITY HOSPITAL 5. USUAL RESIDENCE (Where deceosed lived. If institution: residence before odmission) A. STATE Maryland B. COUNTY 5. USUAL RESIDENCE (Where deceosed lived. If institution: residence before odmission)
6. SEX 7. RACE 8. MARRIED NEVER MARRIED C. CITY OR TOWN D. INSIDE CITY LIMITS?
Male Negro widowed □ Divorced □ Baltimore YES ▼ NO □
9. DATE OF BIRTH 10. AGE (In years In Under 1 Yr. If Under 24 Hrs. E. STREET AND NUMBER Months, Doys, Hours, Min. 311 Lennox Street
10-10-30
11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF 13. FATHER'S NAME
Baltimore, Md. WHAICOUNTRY? LONNIE FULLER
14A.USUAL OCCUPATION (Give kind of work 14B. KIND OF BUSINESS OR INDUSTRY 15. MOTHER'S MAIDEN NAME
done during most of working life, even if retired) WESTINGHOUSE CARRIE FULLER
16 WAS DECEASED EVER IN U.S. ARMED FORCES? 117. SOCIAL 18. INFORMANT ADDRESS
(Yes, no grunknown) (If yes, give wor or dotes of service) 213529934 CARRIE BANKS Towson Md.
19. CAUSE OF DEATH APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY Stab wound of Abdomen
LEADING TO DEATH (A)IMMEDIATE CAUSE
(This does not mean the mode of dying, e.g., heart foilure, asthenia, etc. It means the disease, injury or complication which caused death.)
injury of complication which costs documy
ANTECEDENT CAUSES (B)
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.
E F 9 8 2 X II
CC) I OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WAS PERFORMED 21. AUTOPSY? (Yes or No)
20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WAS PERFORMED 21. AUTOPSY? (Yes or No)
yes
₹ 22A. EXTERNAL CAUSE WAS 22B. PLACE OF INJURY (e.g., in or obout 22C. WHERE DID (If in Boltimore City, give exact location)
UNDERLYING TO CONTRIB. UTING CAUSE OF DEATH. Description of the bidge, etc.) UNDERLYING TO CONTRIB. Bar Twin Pines -Back Neck River Road
22D TIME (Month) (Dov) (Year) (Hour) 22E INTIRY OCCURRED 22E HOW DID INTIRY OCCUR?
OF INJURY (APPROX.) Oct.13,1968 1:45 A. WHILE AT WORK Stabbed during altercation
23. I certify that I held on Inquiry Inspection Autopsy X and that on this basis, death in my opinion
resulted from: Notygol causes Accident Suicide Homicide W Undetermined manner
CHIEF MEDICAL EXAMINER
ACTUAL ASSISTANT MEDICAL EXAMINER W
SIGNATURE M.D.
NAME (Type)
24A. BURIAL CREMATION, REMOVAL (Specify) 24B. DATE 24C. NAME of CEMETERY or CREMATORY 24D. LOCATION (City, town, or county) (Stote)
Burial 10-17-68 Pleasant Rest Cem. Towson, Maryland
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR "ADDRESS"
OCT 14 1968 OF 9 & 2 HTallers o NORTON & DYETT FUNERAL HOMES. INC. 2121
VS 151-REV. 1/1/68



HENRY MICHAEL Brown Commence of working . " " " " 1 01 80 Bury 3 - 1. 10 PUBLICIA SORRES BANGEDOND MERRY MOSP - [-

68 - 10332

If Under 24 Hrs.

BALTIMORE CITY HEALTH DEPARTMENT 10:30 P. M. 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) INSIDE CITY LIMIT If Under 1 Yr. Months Doys Hours 12. CITIZEN OF WHAT COUNTRY? U. S. A. ADDRESS Mrs. Inez McCullough-Mother APPROXIMATE INTERVAL RETWEEN ONSET AND DEATH

SAME

10-9-68

3 who 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

(City, town, or county)

Maryland

ADDRESS Laurens

V\$ 150-REV. 1/1/68

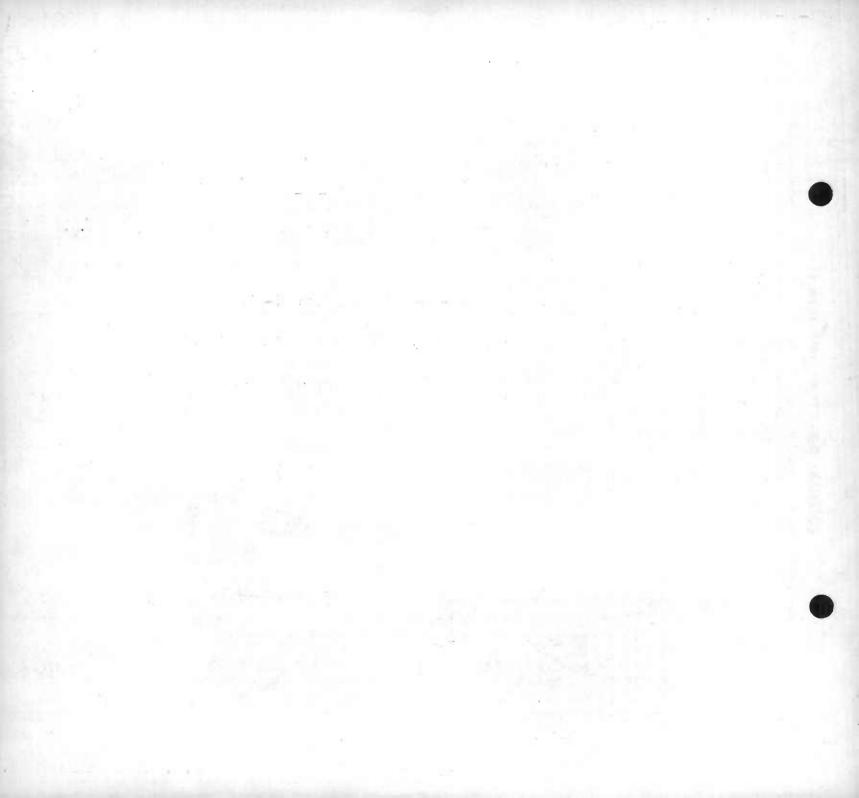


	H-5
	his certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and he body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death hows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased twas D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the leceased prior to death. Such vritten approval must be obtained before the remains are embalmed or final disposition is made.
IMPORTAL	Also, if the cree of any kind nounced deat attendance o
FUNERAL DIRECTOR: IMPORTANT	tal by a medical examiner.; (2) Body burns; (3) A fracturhere the physician who pronto physician was in regular before the remains are emball
•	his certificate must be approved by the chief medical examiner or his assistant if death occurred he body was released to the hospital by a medical examiner. Also, if the direct or contributin hows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined c vas D.O.A. at a hospital (except where the physician who pronounced death was in regular a leceased prior to death); and (6) No physician was in regular attendance on the deceased privatiten approval must be obtained before the remains are embalmed or final disposition is made.

2			HEALTH DEPARTMENT		00 40000		
	TH ³ NO. 68-1	0333CERTIFICA	TE OF DEATH	Registered Na	68-10333		
	AME OF REGEASED			ID HOUR OF DEATH			
(Typ	se or Print)/1 ce F. Hingur		100	7/68	7,25 D M		
3. 1	PLACE OF DEATH IN BALTIMORE, MARYLAND		4. USUAL RESIDENCE (Whe	re deceased lived. If inst	titution: residence before admission)		
			A. STATE B. COUN	ITY			
	FULL NAME OF (If not in hospital or institut HOSPITAL OR address or location)	ion, give street	Maryland				
	NOITHTEEN . I		C. CITY OR TOWN (If ou		JRAL and gir township		
4	& University (to	plotal	D. STREET ADDRESS (IF	purpl, give locotion)			
_	O		0	henry 1+			
		RIED, NEVER MARRIED	<u> </u>				
5. 5		OWED, DIVORCED (specify)		9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 Hrs Months Doys Hours Min.		
	+ 1 10	W	5/23/37	21			
	USUAL OCCUPATION (Give kind of work 10B, KIN e during most of working life, even if retired)	D OF BUSINESS OR INDUSTRY	R I		12. CITIZEN OF WHAT COUNTRY?		
	100 view ite	Home.	Many lon	makette Co	UJA		
13.	FATHER'S NAME	71-70	14. MOTHER'S MAIDEN NA	ME			
	1		VINKY FRA	ici			
5	Was Deceded Evil in U.S. Armed Forced	1 6. SOCIAL	17. INFORMANT	FLIK	ADDRESS		
Ye	Was Deceased Ever in U. S. Armed Forces? s, no or unknown (II yes, give wor or dote) of serv	SECURITY NO.	24	-			
	L O	216-34-2085	Mother		SAME		
	18. 430,91	CAUSE O	F DEATH		INTERVAL BETWEEN ONSET AND DEATH		
	DISEASE OR CONDITION DIRECTLY		- / /	1/			
	LEADING TO DEATH	(A)	Deport chrois	o lemonn e	1000		
	(This daes not mean the made of dying, heart foilure, asthenia, etc. It means the dise	e.g., DUE TO	Ventruculan	Henem			
	injury ar camplication which caused death.)						
	ANTECEDENT CAUSES	(B)	groven beny	dreum im	30073		
	DISEASES OR CONDITIONS, if ony, gi						
	rise la lhe 'abave cause (A) slaling UNDERLYING CONDITION last.	The (C)					
z	OTHER SIGNIFICANT CONDITIONS CONTRIBL	ITING					
ATION	TO THE DEATH BUT NOT RELATED TO	THE					
	19A. DATE OF OPERATION 19B. CONDITION I	FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No	20B. IF YES, WERE FI	NDINGS CONSIDERED		
ERTIFIC) WAS PERFORMED		Vel	IN CERTIFYING CAU	SES OF DEATH?		
CE	21A. ACCIDENT WAS UNDERLYING	218, PLACE OF INJURY (e.g., in	n or obout 21C. WHERE DID	(If in Boltimore	City, give exact location)		
A	OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	home, form, foctory, street, of	tice bidg., INJURT OCCUR?				
DIC	21 D. TIME (Month) (Day) (Year) (Hour)	21E INJURY OCCURRED	21 F. HOW DID INJ	HRY OCCUP?			
ME	OF INJURY	While At Not While		OKI OCCOK.			
_	(APPROX.)	Work At Work					
	22. I certify that (1) (this hospital) attended the deceased fram October 5 19 60 to Oct 7 19 65						
	that (1) (we) last saw the deceased alive	on October 7	19 6 Y and th	at in(my) (aur) apin	ian death accurred an the da		
	and haur and fram the causes stated above			,			
	23A. SIGNATURE	1) / / / / / / / / / / / / / / / / / / /	The budy utter death.		23 B. DATE SIGNED		
	111	M.D. Atte	ending Med.		10/-/-		
	as pursuant // landa	Phy	s. Director	Stoff Phys.	10/7/00		
	23C. PHYSICIAN'S NAME (Type)	/ /	23 D. ADDRESS	11			
	MARTIN S	Chwante M.D.	UNIVERSIM	(trspirio	-/		
24/	REMOVAL (Specify) 248. DATE 24	C. NAME of CEMETERY OF CRE	EMATORY 24D./L	OCATION (City	, town, or county) (State)		
	Transfer of the same	V . / A. /11		/ //			
1	B 1/10/10	Dalta Mall	(20	a Limite	1761		
25/	BURTA 10-11-68 1. DATE REC'D BY HEALTH DEPT. 1258. NA	ME OF REGISTRAR CO	25C, EUNERAL DIRECTOR	a/fimore	ADDRESS		
254	BURTA 10-11-68 1	ME OF REGISTRAR			ADDRESS / / / / / / / / / / / / / / / / / /		
	DURIN 10-11-68 1. DATE REC'D BY HEALTH DEPT. 258. NA. 150-REV. 1/1/65	ME OF REGISTRAN			ADDRESS / /X/ LAURE		



VS 150-REV. 1/1/6B



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VS 150-REV. 1/1/6B

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VS 150-REV. 1/1/6B

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PHILLIP MASSEY

William B. Jenny

LA CIRCO MA

CERDERN WISE, 15

一层的比较级 医水面管

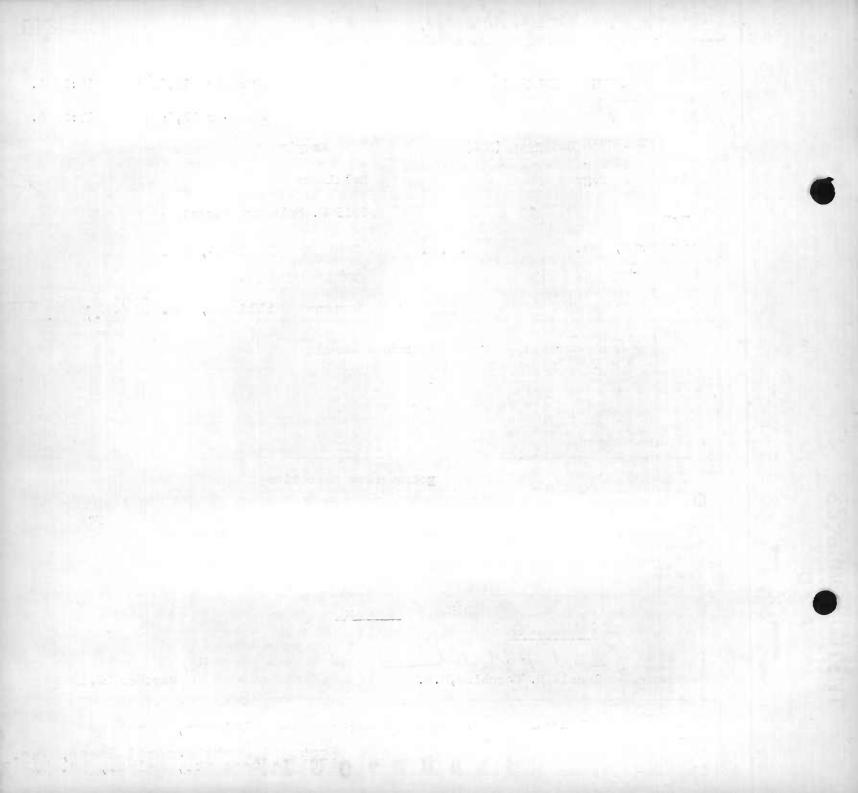
or or or or

JEHRS HUNDLY

639

MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO.

BIRTH NO.							KEO: 140:			
1. NAME OF DEC		LLIAMS		2. DATE OF DEATH	Known Estimoted	Month Ocotber	13,1968		12:30	A
4. PLACE IN BAL	TIMORE, MARYLAND,	WHERE PRON	OUNCED DEAD	3. DATE		Month	Doy		Hour	771.
FULL NAME OF HOSPITAL OR INSTITUTION	(IF NOT IN HOSPI ADDRESS OR LOC	AL OR INSTITUT		PRONOUNG	AB	October			12:30	A .M.
	LUTHERAN HOS	PITAL (D	OA)	A. STATE ME	aryland		COUNTY	sidence bet	ore odmissi	ion)
6. SEX	7. RACE	8. MARRIED	NEVER MARRIED	C. CITY OR TO	WN	D	INSIDE CITY	LIMITS?	4500	
Male	Negro	WIDOWED	DIVORCED [Baltimo			YES	N	0	1
9. DATE OF BIRT	lost birthd	oy)20	Inder 1 Yr. If Under 24 Hrs.	STREET AND		rry Stre	et.			1
	State or foreign country)	12.	CITIZEN OF	13. FATHER'S N						
	ore, Md.		WHAT COUNTRY?	LOREN		LLIAMS.	SR.			
14A.USUAL OCCU	PATION (Give kind of wor	148. KIND OF	BUSINESS OR INDUSTRY			ME				
	working life, even if retired				WILL	LAMS				
	ED EVER IN U.S. ARME (If yes, give wor or date:		None	Loren		lliams,	Jr. B	35 Walto.	Mu. Md	lberr
19.485	X 4-30	4.9	CAUSE OF DEA	тн					OXIMATE INT	
DISEAS	E OR CONDITION DIR	ECTLY	Broncho	pneumoni	a					
	LEADING TO DEATH		(A)IMMEDIATE C	AUSE						
heort foilure	not meon the mode of c e, osthenio, etc. It meons th mplication which coused d	ne diseose,	DUE TO, OR A	AS A CONSEQUEN	ICE OF:					
A	NTECEDENT CAUSES		(8)							
DISEASES	OR CONDITIONS, IF AN		DUE TO, OR	AS A CONSEQUE	NCE OF:					
UNDERLYIN	E ABOVE CAUSE (A) ST NG CONDITION LAST.	AIING IHE	(c)							
Ó 7/6/ V	11		(0/							
O THE DE	NIFICANT CONDITIONS (ATH BUT NOT RELATED T R CONDITION GIVEN IN	O THE TERMINA	intrave	nous nar	cotism					
20A. DATE O			WHICH OPERATION W	AS PERFORMED			2	1. AUTOPS	SY? (Yes or	No)
8								У	es	
UNDERIVING	NAL CAUSE WAS	22B. hom	PLACE OF INJURY(e.g., ne, form, foctory, street, office	in or obout 22C. e bldg., etc.) INJU	WHERE DID DRY OCCUR?	(If in Boltimore	City, give exoct I	ocotion)		
UTING CA	(Month) (Doy) (Ye	or) (Hour)	22E.INJURY OCCURRED	225	HOW DID IN	NJURY OCCUR)			
OF INJURY (APPROX.)	(Month) (Doy) (Te		WHILE AT NOT	WHILE ORK	NOW DID II	NJORT OCCOR				
23.	tify that I held an	Inquiry	Inspection Au	tapsy X	and that an	this basis, de	eath in my ap	Inlon		
	ted fram: Natural ca		Accident Suicid		cide 🗌	Undetermine				
		21/	, 0			EXAMINER	_	D	ATE SIGN	ED
SIGNAT	URE / word	N Vann	blum, M.D.		NT MEDICAL	EXAMINER &	-			
NAME (Туре)						J OCOED	er 13	, 1900	
24A. BURIAL CRE REMOVAL (Speci	ify)		4C. NAME of CEMETERY	ar CREMATORY	240	LOCATION	(City, town, o	r county)	(Stote	•)
BURIAL	10-1	7-68	Arbutus Me		- U/A	altimor	ce, Mar	yland	đ	
25A. DATE REC'D	DGT 1 4 1968	258. NAM	E OF REGISTRAR		rton &	Dyett Lens St	Funera		mes,	Inc.
VS 151-REV. 1/1/6	8	-	<u> </u>	4 0	7 7 7					



25B. NAME OF REGISTRAR

25C. FUNERAL DIRECTOR

ADDRESS
Funeral Home

25A. DATE REC'D BY HEALTH DEPT.

VS 151-REV. 1/1/68



IMPORTANT

DIRECTOR:

FUNERAL

VS 150-REV. 1/1/68

BALTIMORE CITY HEALTH DEPARTMENT

NO

Hours

BETWEEN ONSET AND DEATH

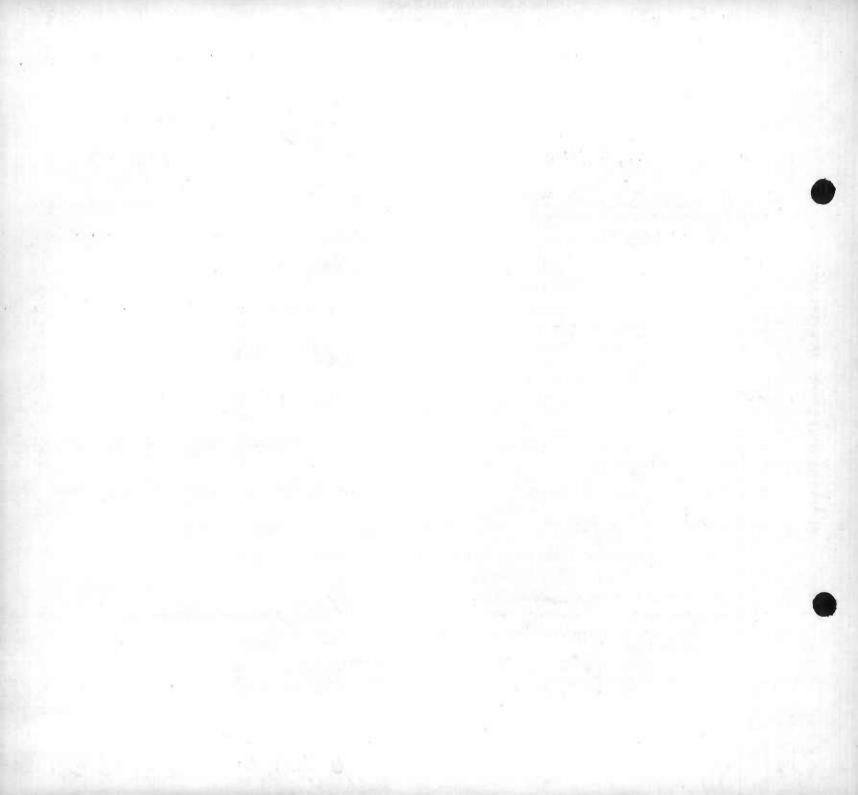
10/10-10/1

ADDRESS

U.S.A.

ADDRESS

tf Under 24 Hrs.





68-103	45 BALTIMORE CITY HEA	ALTH DEPARTMENT	OE DEATH		68-10345
BIRTH NO. 68-15438	L EXAMINER'S C	EKTIFICATE	OF DEATH REG	G. NO.	00 10040
1. NAME OF DECEASED (Type or Print) CHARLES J. P.	OLESKI Jr.	2. DATE Known X OF DEATH Estimoted		0, 196	Yeor Hour M.
4. PLACE IN BALTIMORE, MARYLAND, WHERE P FULL NAME OF (IF NOT IN HOSPITAL OR INS HOSPITAL ADDRESS OR LOCATION)		3. DATE PRONOUNCED DEA			Yeor Hour
St. Agnes Hospital	(DOA)	5. USUAL RESIDENCE (A. STATE Marylan	B. COI		
6. SEX 7. RACE 8. MAR	RIED NEVER MARRIED	C. CITY OR TOWN	D. IN	SIDE CITY LI	IMITS?
	WED DIVORCED	Arbutus		YES	No 🗆
Aug. 14, 1968 10. AGE (In yeors lost birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months, Doys, Hours, Min. 2		ith Avenue		
Baltimore, Maryland	12. CITIZEN OF WHAT COUNTRY?	Charles J.	Poleski Sr.		
144. USUAL OCCUPATION (Give kind of work) 148. KIN done during most of working life, even if retired)	D OF BUSINESS OR INDUSTRY	15. MOTHER'S MAIDEN Stella Har			
16. WAS DECEASED EVER IN U.S. ARMED FORCE (Yes, no grunknown) (If yes, give wor or dotes of service)	S? 17. SOCIAL SECURITY NO.	18. INFORMANT Charles J.	Poleski Sr.	728	5th Avenue
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE DEATH BUT NOT RELATED TO THE TERM DISEASE OR CONDITION GIVEN IN PART 1 (A) 200. DATE OF OPERATION 2008. CONDITION	(C)	S PERFORMED		21.	AUTOPSY? (Yes or No) Yes
22A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIB- UTING ☐ CAUSE OF DEATH.	22B. PLACE OF INJURY (e.g., home, form, foctory, street, office	n or obout 22C. WHERE bldg., etc.)	DID (If in Boltimore City, UR?	give exoct loc	
22D. TIME (Month) (Doy) (Yeor) (Hou OF INJURY (APPROX.)	m. WHILE AT NOT AT W	WHILE	D INJURY OCCUR?	J. Jan	
actual SIGNATURE EXAMINER'S Charles S. S NAME (Type)		e Homicide		onner 🗌	DATE SIGNED
24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify)	24C. NAME of CEMETERY	OF CREMATORY	24D. LOCATION (C	ity, town, or	county) (Stote)
Burial 10-12-1968	St. Stanislau		Baltimore,	Maryla	nd
25A. DATE REC'D BY HEALTH DEPT. 258. N	NAME OF REGISTRAR	25C. FUNERAL DI	eiler Inc.	1901-	ess 0 7 Eastern Ave

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English September 1997 No. 199

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VS 151-REV. 1/1/6B

68-10346 BALTIMORE CITY HEALTH DEPARTMENT

68-10346

BIRTH NO.	CERTIFICATE OF DEATH REG. NO.
I. NAME OF DECEASED	2. DATE Known Month Doy Yeor Hour
(Type or Print) DOROTHY JONES	OF DEATH Estimoted October 6, 1968
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	3. DATE Manth Day Year Hour PRONOUNCED DEAD
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR INSTITUTION	October 6, 1968 11:15 P.M.
	S. USUAL RESIDENCE (Where deceosed lived. If institution: residence before admission) A. STATE B. COUNTY
Lutheran Hospital (DOA) 6. SEX 7. RACE 18. MARRIED ALEVER MARRIED 18.	Maryland C. CITY OR TOWN D. INSIDE CITY LIMITS?
MAKKIED INEVER MAKKIED	2-111
Female Negro WIDOWED DIVORCED 9. DATE OF BIRTH 10. AGE (In years If Under 1 Yr. If Under 24 Hrs.	Baltimore street AND NUMBER
3-21-1926 last birthdoy) Months, Doys, Haurs, Min.	2520 Loyola Southway
11. BIRTHPLACE (State or foreign county) 12. CITIZEN OF WHAT COUNTRY?	Francis E. Janes
14A.USUAL OCCUPATION (Give kind of work 148. KIND OF BUSINESS OR INDUSTR dane durating most of working life, even if retired)	Y 15. MOTHER'S MAIDEN NAME
16. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. SOCIAL	18. MFORMANT ADDRESS/
(Yes, no or unknown) (If yes, give wor ar dotes of service) SECURITY NO.	Shirley Rase 516 E. Call Sfring Kan
19. 4 CAUSE OF DEA	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY	
LEADING TO DEATH	CAUSEBasilar cerebral hemorrhage
(This does not mean the made of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	AS A CONSEQUENCE OF:
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO, OR	AS A CONSEQUENCE OF:
RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	
(c)	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W	***************************************
20A. DATE OF OPERATION 208. CONDITION FOR WHICH OPERATION W	AS PERFORMED 21. AUTOPSY? (Yes or No)
	Yes
UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH. 228. PLACE OF INJURY (e.g., home, form, factory, street, affice to the contribution of the contribut	, in or obout 22C. WHERE DID (If in Baltimare City, give exoct location) ce bldg., etc.)
OF INJURY (APPROX.) WHILE AT NOT	22F. HOW DID INJURY OCCUR?
23.	WORK L
I certify that I held on Inquiry Inspection Au	ond that on this basis, deoth in my opinion
resulted from: Notural couses X Accident Suici	de Homicide Undetermined monner
1 ASTURA (20 0) 11. 1	CHIEF MEDICAL EXAMINER DATE SIGNED
SIGNATURE CLASS V. STATEMENT	ASSISTANT MEDICAL EXAMINER X
EXAMINER'S Charles S. Springate, M.D.	ASSOCIATE MEDICAL EXAMINER U October 7, 1968
24A. BURIAL CREMATION, 24B. DATE 24C. NAME OF CEMETERY REMOVAL (Specify)	or CREMATORY 24D. LOCATION (City, town, or county) (State)
Burial 10-10-68 Whulus	menun. Dallemare ma-
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	250 FUMERAL DIRECTOR ADDRESS

Market 1

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IMPORTANT

FUNERAL DIRECTOR:



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			68-1	1034	18 BA	LTIMORE CITY HE	ALTH DEPAI	RTMENT					
5			MED	ICAL	. EXA	MINER'S	CERTIFIC	CATE O	F DEAT	H	68 - 1	034	8
BIF	TH NO.									REG. NO.			
	NAME OF DEC	EASED	EMMA	PAL	MER		2. DATE OF DEATH	Knawn 🔼 Estimoted	Manth Octo	ber 10, 1		laur	М.
4.	PLACE IN BAL	TIMORE, MA	ARYLAND, W	HERE PI	RONOUN	CED DEAD	3. DATE		Manth	Doy	Yeor 1	lour	141.
HO	L NAME OF SPITAL INSTITUTION	(IF NO	OT IN HOSPITA ESS OR LOCA	L OR INS TION)	TITUTION,	GIVE STREET		INCED DEAD		ber 10, 1			A. M.
- (00		N. Mor				A. STATE M	aryland		B. COUNTY	1-400		DI
6. !	SEX	7. RACE		B. MARE	IED 🗌 N	EVER MARRIED	C. CITY OR	TOWN		D. INSIDE CITY	LIFAITS?		the same being
I	emale	N	egro	WIDOV	VED X	DIVORCED .	В	altimore		YES	NO NO		
9. 1	PATE OF BIRTH	896	10. AGE (Ir last birthda	yeors)		Yr. If Under 24 Hrs. Days Hours Min.		705 N. M.	onroe S	treet			
11.	BIRTHPLACE (S	tate or farei	an tountry)		12. CITIZ	EN OF	13. FATHER		7				
	M	Jary	land	,		T COUNTRY?		Untr	rows	u			
14A don	.USUAL OCCUI	orking life, ev	ve kind af wark ven i retired)	14B. KIND	OF BUSI	NESS OR INDUSTR	Y 15. MOTHE	R'S MAIDEN N	AME				
16	WAS DECEASE	D FVER IN	I) S ARMED	FORCE	2 117	SOCIAL	18. INFORM	MANY E.	Isre	ADD	RESS /	7	
(Ye	s, no ar unknown)	(If yes, give	wor or dotes	of service) 9	SECURITY NO.	70 //	40000	1 (T)	Onen.	Se	em	e
	19. 1/ 1 0	La			001	CAUSE OF DEA	TH C	peray,	N OR	cerrus	APPRO	XIMATE IN	TERVAL
	7/~	1.7				Arterio	sclerot	ic cardi	ovascul	ar diseas		ONSET AN	ND DEATH
		E OR COND LEADING TO	DITION DIRE	CTLY				ic carai	Ovascai	ar arseas	,		
	(This does no	ot mean the	made of dy			(A)IMMEDIATE	AS A CONSEQ	HENCE OF:					
			c. It means the ich caused dec			50210,01	AD A CONSEG	OLIVEL OI.					
		NTECEDENT OR CONDITI	CAUSES IONS, IF ANY	GIVING		(B) DUE TO, OR	AS A CONSE	QUENCE OF:					
	RISE TO THE	ABOVE CA	USE (A) STA	ING THE									
O	/ 5					(c)	***************						
CERTIFICATION	TO THE DEA	IFICANT CO	II NDITIONS CO T RELATED TO	THE TERM	INAL								
₹TE			N 20B COL			CH OPERATION W	AS DEDECTOR	ED		Is	21. AUTOPS	Vo /Vac ou	, No
CE	A DAIL OF	OI EKANO	202. COI	Dinois	I OK WIII	CIT OF EXAMON V	AJ FERFORM	ED			II. AUTOPS		140)
AL	22A. FXTERI	NAL CAUSE	WAS		22R DI A.C	E OF INJURY(e.g.,	in as shout 2	2C WHERE DID	Alf in Rollima	o City also asset	I montion \	No	
MEDIC,	UNDERLYING UTING CA	OR CON	ITRIB-		home, for	n, foctory, street, office	ce bldg., etc.)	NJURY OCCUR?	(ii iii Boiiiiioi	e chy, give exocr	raconon		
Σ	22D. TIME (OF INJURY	Manth) (I	Day) (Yeor) (Hou	1	JURY OCCURRED		2F. HOW DID I	NJURY OCC	JR?			
	(APPROX.)				m. WHILE		WHILE						
	23.				٦.	67 1 .							
Н	1 certi	ify that I h	neld an l	nquiry [spection X Au		and that an	this basis,	death in my ap	oinlan		
	result	ed fram:	Natural cau	ses X	Aceid	ent L Suici		micide 🔲		ned manner 🔲			
	ACTUAL		6. 1	1		1	-	CHIEF MEDICAL			D/	ATE SIGN	IED
	SIGNATU		av-	, L	de	M.I	ASSI:	STANT MEDICAL	MEXAMINER				
	EXAMINE NAME (T		harles	s. s	pring	ate, M.D.	ASSC	CIATE MEDICAL	. EXAMINER	Octo	ber 10	, 19	68
24/ RE	BURIAL CREA	MATION,	24B. DATE		24C. N.	AME of CEMETERY	or CREMATO	PRY 240	LOCATION	(City, town, o	ar county)	(State	·Y)
2	Sunial	,	111-14	1.48	1	M+. (le	Mus	n I	Daste	mass	2	M	X.
25	A. DATE REC'D	BY HEALTH	DEPT.	25B. N	IAME OF	REGISTRAR	25,00	UNERAL DIREC	FOR /	al ADD	DRESS	7,00	
	40	5 4	IN AUE	1) 2	(]	10100	. //	160 1 37	73 //	1 00 0	and MI	1/1/	-

VS 151-REV. 1/1/68

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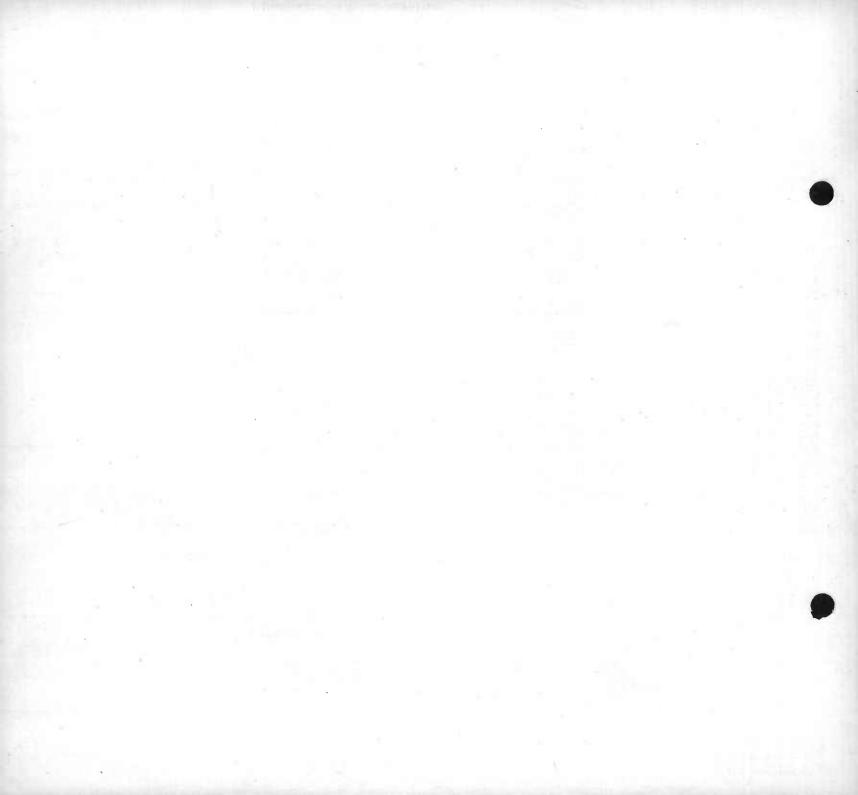
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VS 150-REV. 1/1/68

			BALTIMORE CITY	HEALTH DEPARTMENT		
)		68-10350	CERTIFICA	TE OF DEATH	REG. NO.	3-10350
BIRTH NO.			CERTIFICA			
1. NAME O	F DECEASED				HOUR OF DEATH	
(Type or Fn	"" R	obert Green		10-8	3-68	3:00 P.M.
3. PLACE I	N BALTIMORE, MAR	LAND, WHERE PRONOU	NCED DEAD	4. USUAL RESIDENCE (Where A. STATE B. COUNT		residence before odmission)
FULL NAM HOSPITAL	AE OF (IF NOT I OR ADDRESS	N HOSPITAL OR INSTITU OR LOCATION)	TION, GIVE STREET	Maryland c. City Ok TOWN	D. INSIDE CITY	MMITS
10	Provi	dent Hospita	l, Inc.	Baltimore	YES 🖥	100
37		-		E. STREET AND NUMBER	-	*
_ ,				1705½ Brunt &	Street	
5. SEX	6. RACE	7- MARRIED	NEVER MARRIED			der 1 Yr. , If Under 24 Hrs.
Male		WIDOWED	DIVORCED	10-15-05	ost birthday) Month	s Doys Hours Min.
		kind of work 10B, KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stole or foreig	n country) 12. Cl	TIZEN OF WHAT COUNTRY?
done during	most of working life, ever	if retired)		Wi mai vi -		U. S. A.
_	mounes			Wirginia 14. MOTHER'S MAIDEN NAM		U . D . A .
13. FATHER	alhe	it Bree	en	Mannie	Fitzgera	el
15. Was De	nknown) (If yes, give	Armed Forces?	16. SOCIAL SECURITY NO.	17. INFORMANT	31	ADDRESS
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,, g		217-03-1524	Mrs. Laura Ba	rry-Sis 541	Brunt Court
1B.	9/91		CAUSE OF DEAT	н		APPROXIMATE INTERVAL
	DISEASE OR COND	ITION DIRECTLY				d .
	LEADING TO			-Circharis	A / 11.00	6 m18
heart f		made al dying, e.g., It means the diseose, th caused deoth.)	DUE TO, OR AS	JSE CINTHOPIS A CONSEQUENCE OF:	92-1000	
	ANTECEDENT	CAUSES	Bay	on che Prien	mo Dur	2 2m
DISEA	SES OR CONDITIO	ONS, if ony, giving	DUE TO, OR AS	A CONSEQUENCE OF:		
1		use (A) stating the				
	RLYING CONDITION		(C)			
OTHER TO THE	E DEATH BUT NOT REL					
LL.	ATE OF OPERATION	198. CONDITION FOR W	HICH OPERATION	20 A. AUTOPSY? (Yes or No)	20B. IF YES, WERE FINDING	S CONSIDERED F DEATH?
1 2		TI AJ TERI ORIVIED		Yes	148	

1B. / / / I	CAUSE OF DEATH	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	e.g., (A) IMMEDIATE CAUSE CITTO OF S ALIVOD	6 m/8.
(This daes not meon the made at dying, heart failure, asthenio, etc. It means the dise injury ar camplication which caused deoth.)	V36,	
ANTECEDENT CAUSES	Ving By By Clu Gnewnowi	2 m
DISEASES OR CONDITIONS, if ony, gi		
rise to the above cause (A) stating UNDERLYING CONDITION last.	the (C)	
- 5 ⁻ 81.0 II	()	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTI		
▼ DISEASE OR CONDITION GIVEN IN PART 1 (A).	OR WHICH OPERATION 20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FI	INDINGS CONSIDERED
199A-DATE OF OPERATION 198. CONDITION F	Yes IN CERTIFYING CAU	SES OF DEATH?
OR CONTRIBUTING CAUSE OF DEATH Inotify medical examiner	218. PLACE OF INJURY le.g., in or obout 21C. WHERE DID home, form, foctory, street, office bldg., INJURY OCCUR? etc.)	City, give exoct location)
21D. TIME Month) (Doy) Year) Hour)	21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?	
OF INJURY (APPROX.)	While At Not While At Work	
22. I certify that (I) (this hospital) attend	ed the deceased from October 7, 1968 to Octob	er 8, 1968,
that (I) (we) lost saw the deceased alive	an October 8, 1968 and that in(my) (aur) apin	Ion death occurred on the date
	e. (1) (We) (did) (did not) view the body ofter deoth.	
23A. SIGNATURE		23B. DATE SIGNED
10 mans Della	2 M.D DEGREE Phys. Med. Director Phys.	10-9-68
C. Ramklin Phi	//t ns DEGREE 23D. ADDRESS 1514 Division Street Balt	o., Maryland
24A. BURIAL CREMATION, 24B. DATE 24 PEMOVAL ISpecify)	C. NAME OF COMETERY OF CREMATORY PARTIES AND ICITY	y, town, or county) (Shipto)
25A. DATE REC'D BY HEALTH DEPT. 25B. NA.	ME OF REGISTRAR 259 FUNKAL DIRECTOR	ADDRESS
OCT 1 4 1968 M. O.	SE Talana ? Olloughers of hellige	172/1/X/ sural St





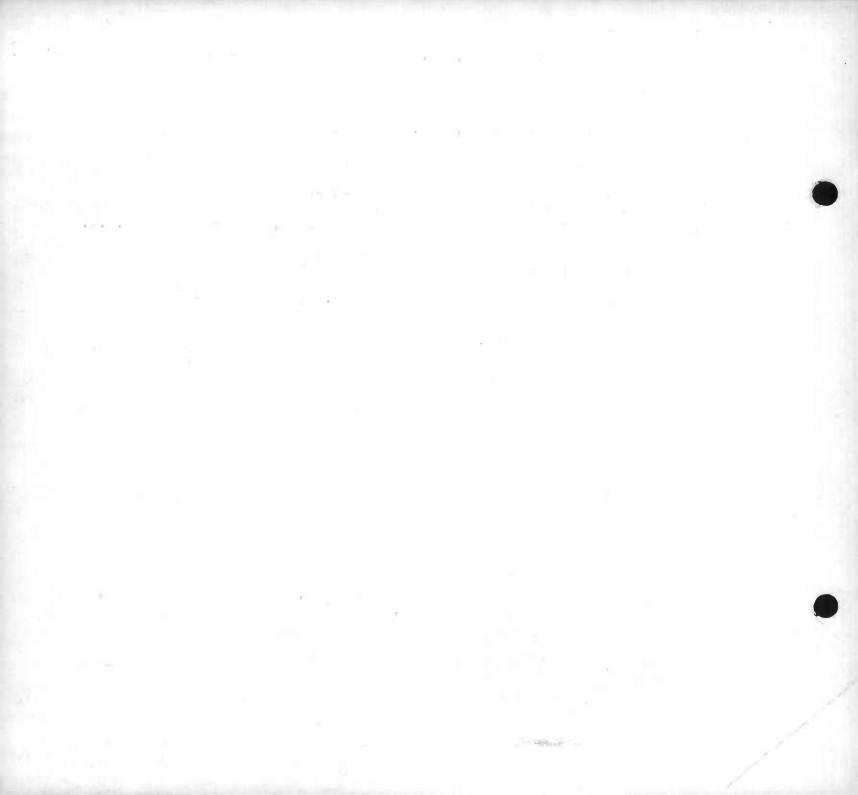
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-40959 CERTIFICATE OF DEATH

DC	G.	R.I	0
R E	O.	1.4	v.

68-10352		6	8	- STA	1	0	3	5	2
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I. NAME OF DECEASED Type or Print) Benjamin Ha	rvey, Jr.	2. DATE AN	ID HOUR OF DEATH	12:45
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRO		4. USUAL RESIDENCE (Whe		stitution: residence before admissio
FULL NAME OF (IF NOT IN HOSPITAL OR IN	STITUTION, GIVE STREET	Maryland		A
HOSPITAL OR ADDRESS OR LOCATION)		C. CITY OR TOWN	D/INSI	CITY LIMITO?
39 Provident Hosp	ital, Inc.	Baltimore E. STREET AND NUMBER		NO.
		2700 Auchent	orolv Terra	ce
SEX 6. RACE 7. MARR	IED NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Yr. , If Under 24 H Monthsi Days Hours Min.
Male Negro WIDOV	VED X DIVORCED	4-21-28	40	77.01.113
OA. USUAL OCCUPATION (Give kind of work 10 B. KINE	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fore	ign country)	12. CITIZEN OF WHAT COUNT
lone during most of working life, even if retired) Fas Station Attendant		Baltimore, M	aryland	U.S.A.
3. FATHER'S NAME		14. MOTHER'S MAIDEN NA	ME	
Benjamin A. Harvey, Sr.		Effie Parker		
5. Was Deceased Ever in U. S. Armed Forces?	1 6. SOCIAL	17. INFORMANT		ADDRESS
Yes, no or unknown) (If yes, give wor or dotes of servi		Mrs. Addie H	arvey -	SAME
18. 44 1 7 6	CAUSE OF DEAT	H		APPROXIMATE INTERVAL BETWEEN ONSET AND DEA
rise la lhe obove couse (A) slating UNDERLYING CONDITION last, 4 43 X I OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE DEATH BUT NOT RELATED TO THE TERMIN	(c)			
DISEASE OR CONDITION GIVEN IN PART 1 (A). 1704. DATE OF OPERATION WAS PERFORMED	OR WHICH OPERATION	20A. AUTOPSY? (Yes or No	208. IF YES, WERE F	INDINGS CONSIDERED JSES OF DEATH?
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	21B. PLACE OF INJURY (e.g., home, form, factory, street, o etc.)	n or obout 21 C. WHERE DID	(If in Boltimore	e City, give exoct locotian)
21D. TIME (Month) (Doy) (Yeor) (Hour) OF INJURY (APPROX.)	While At Not While Work At Work	21F. HOW DID INJ	URY OCCUR?	
22. I certify that (I) (this haspital) attended	ed the deceased fram	tober 11,	1968 to Octo	ber 11, 1968
that (1) (we) last saw the deceased alive	October 11,	19 68 and th	nat In (my) (aur) opis	nian death occurred on the d
and haur and fram the causes stated abav			-	
23A. SIGNATURE	T.			23B, DATE SIGNED
Theah sau	Phy	ending Med.	Staff Phys.	10-11-68
23C. PHYSICIAN'S KILTAH SA	UNDERC	23D. ADDRESS	Ol have	Butto mo- 1-
0 - 1.00/14	DECORE	1414 aura	a wit	Lake The mande
	DEGREE			-
REMOVAL (Specify)	NAME of CEMETERY OF CR			ly, town, or county) (State)
REMOVAL (Specify) Burial 10-15-68	Baltimore N		Baltimore,	



IMPORTANT

DIRECTOR:

FUNERAL

VS 150-REV. 1/1/65

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DEPARTMENT	68-10354
DEATH REG. NO.	00 1000.3
10.9.1968	17.50 A.M
RESIDENCE (Where deceased lived, If inst	1 4 141
	- 1
	S CITY LIMITS A COL
210	YES NO
F ANID NUMBER	
7, W. Spring Court	(31)
F BIRTH 9. AGE (In years	If Under 1 Yr., If Under 24 Hrs.
9 10 lost birthday)	Manths Days Hours Min.
	12. CITIZEN OF WHAT COUNTRY
2a.	American.
IFRIC LANDEN MALLE	
ora.	
MANT	ADDRESS
vid Johnson (Fri	end) 1134 wilmst
	APPROXIMATE INTERVAL
	<
me emblism	numy
JENCE OF:	
roid Harmonhoge	days.
DUENCE OF: Ch Vulva,	
	Mark Shill Shill
HTODEYS (Voc. or No.) COD is use were	NDINGS CONSIDERED
IN CERTIFYING CAU	SES OF DEATH?
WHERE DID	of Hormonault (K)
NJURY OCCUR?	City, give exact location)
TF. HOW DID INJURY OCCUR?	THE RESERVE
CON BA	12 8 60
19 00 to	10-1 1964
ond that in (my) (our) opini	ion deoth occurred on the dot
	23B. DATE SIGNED
Med. Staff	10-9-601
	2-6
Bur of Chair on	Hors.
we va	
24D. LOCATION Lity	, town, or county) (Stote)
M 5501 Tu.	duck Use
UNERAL DIRECTOR	ADDRESS
trabell Collakesan	1/2971. Cellino
	2. DATE AND HOUR OF DEATH 10.9 1968 RESIDENCE (Where deceased lived, If inst B. COUNTY Baltimore TAND NUMBER 7, W. Spring Court 10st birthday PLACE (Stote or foreign country) 2. AGE (In years 10st birthday) PLACE (Stote or foreign country) 2. AGE (In years 4. AGE (Stote or foreign country) 2. AGE (In years 4. AGE (Stote or foreign country) 2. AGE (Stote or foreign country) 2. AGE (In years) 3. AGE (Stote or foreign country) 4. AGE (Stote or foreign country) 5. AGE (Stote or foreign

Coria Lambourd Sumbound 340 × 3412 the second second



RELEASED AS NON EDICAL BY DOCT OR KORNBLUM OF THE MEDICAL XAMINERS OFFICE	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was B.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death). Such written captained helper the remained helper attendance on final disposition is made.	

5-6/0 CO ADDED BALTIMORE	CITY HEALTH DEPARTMENT	CQ_40051
18TH NO. 68-10356 CERTIFIC	CATE OF DEATH Registered No	68-10356
NAME OF DECEASED	2, DATE AND HOUR OF DEATH	- ~~
JEREMIAH SHARP	10/10 /68	750
PLACE OF DEATH IN BALTIMORE, MARYLAND	4. USUAL RESIDENCE (Where deceased lived. If in:	stitution: residence before admi
	A. STATE B. COUNTY	
FULL NAME DF (If not in hospital or institution, give street hdspital DR oddress or location)	C. CITY OR TOWN (If outside city limits, write R	ORE CITY
INSTITUTION	BALTIMORE	URAL ond give waship)
THE JOHNS HOPKINS HOSPITAL	D. STREET ADDRESS (If rurol, give location)	100
		DECT
SEX 6. RACE 7. MARRIED, NEVER MARRIED		REET
WIDOWED DIVORCED (specify		Months Doys Hours
MALE NEGRO WIDOWED	april 1910 58	
IA, USUAL OCCUPATION (Give kind of work 10 B, KIND OF BUSINESS OR INDU-	STRY 11. BERTHPLACE (State or foreign cauntry)	12. CITIZEN OF WHAT COUNTRY?
watch men	Virginia	
FATHER'S NAME	14. MOTHERS MAIDEN NAME	
Fill Shara	CAPPLE DEECE	
Field Sharp . Was Deceased Ever in U. S. Armed Forces? 16. SOCIAL	CARRIE REESE	ADDRESS
es, no of unknown) (If yes, give war or dates of service) SECURITY NO.		Fulton Ave
(VO.	Beffy Johnson BAL	
18. / / CAUS	E OF DEATH	INTERVAL BETWEE
DISEASE OR CONDITION DIRECTLY		ONSET AND DEAT
LEADING TO DEATH	Intracerated Henorthage	12 luc
(This does not mean the mode of dying, e.g., DUE TO heart failure, asthenia, etc. It means the disease,		- 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
injury or complication which caused death.)		
ANTECEDENT CAUSES (B)	ITASCUO	20 yrs
DISEASES OR CONDITIONS, if any, giving		
rise to the above cause (A) stating the (C)		
UNDERLYING CONDITION loss.		
. 443 X II		
DTHER'SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE		
DISEASE DR CONDITION CAUSING IT.	[20 A	
194. DATE OF OPERATION WAS PERFORMED WAS PERFORMED	20A. AUTOPSY (Yes of No.) 20B. IF YES, WERE F	JSES OF DEATH?
21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e	V Y C	
OR CONTRIBUTING CAUSE Of home, form, foctory, street	e.g., in or obout 21C. WHERE DID (If in Boltimore et, office bldg., INJURY OCCUR?	City, give exact location)
DEATH (notify medical examine) etc.)		
21D. TIME (Month) (Doy) (Year) (Hour) 21E, INJURY OCCURRED OF INJURY	21F. HOW DID INJURY OCCUR?	· · · · · · · · · · · · · · · · · · ·
	While Vork	
22. I certify that (I) (this hospital) attended the deceased from	19 55 to 101	
that (I) last sow the deceased alive on 10/10	19	nian deoth occurred on th
and hour and from the causes stated obave. (1) (We) (did) (did no	ot) view the body ofter deoth.	
23A. SIGNATURE		23 B. DATE SIGNED
Reeled Sel least M.D.	Attending Med. Staff Phys. Phys.	10/10/68
23C. PHYSICIAN'S	23D. ADDRESS	10110/68
NAME (Type)	A.D. 1175.00 d1 4-1 (
NICHARD LIGHT	1709 McElderry S	
AA. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF	GREMATORY 24D. LOCATION (Cit	y, town, or county) (S
121. 1 11/2/10/ 2. 4/1/	ary Com DA Co	enet.
SA, DATE REC'D BY HEALTH DEPT. 298. NAME OF REGISTRAR	ISC FUNERAL DIRECTOR	ADDRESS
7 75 0 75 75	The state of the s	7 -
THE PROPERTY OF THE PROPERTY O	2SC. FUNERAL DIRECTOR	112950 10,0
OCT 1 1 1968 P. S. E. Sallanto U	1 Brief & Relsean	129 M. Carole

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Fell Sharp

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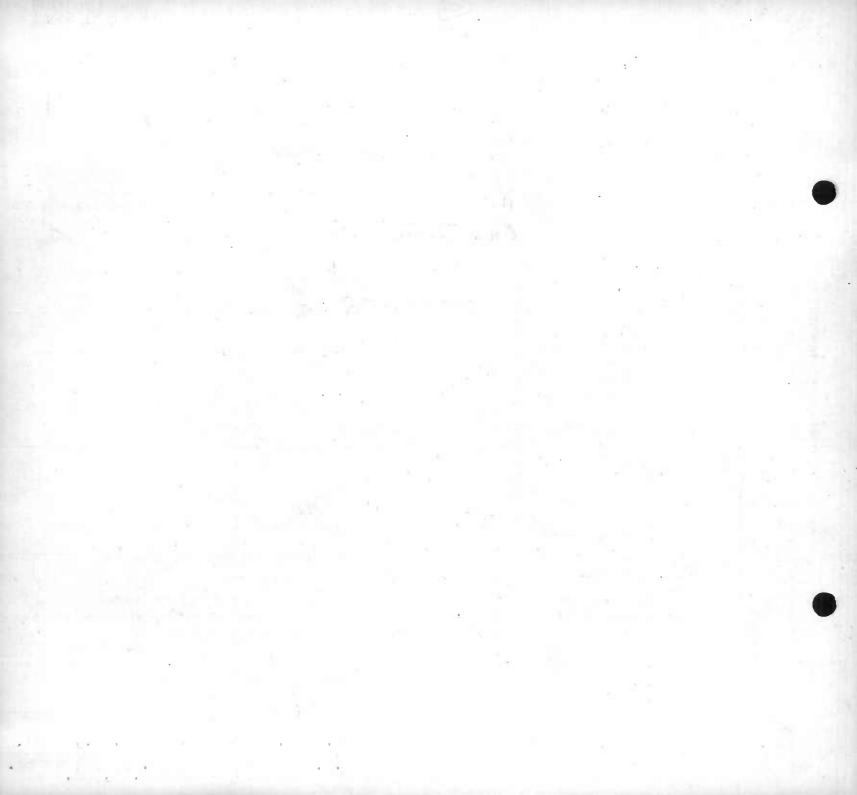
Rubert W. Leget

Kebard Lephit

18cy Actidon Sr

YES X NO If Under 1 Yr. Months: Doys II Under 24 Hrs. Hours ! 12. CITIZEN OF WHAT COUNTRY? U.S.A. ADDRESS (Same) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH IN CERTIFYING CAUSES OF DEATH? (If In Boltimore City, give exoct location) ...and that in(my) (eur) apinian death accurred an the date 238, DATE SIGNED (City, town, or county) York Rd.

Granull Short Petropritary Source Why to broken

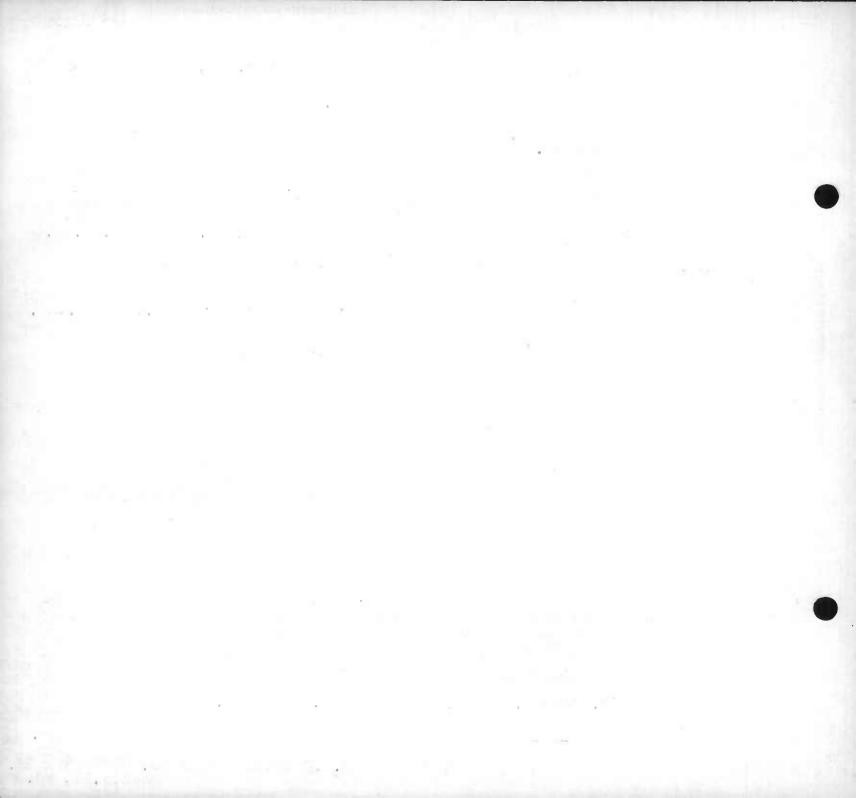


68-10259

BIRTH NIO	00	2-103	OS CERTIFICA	TE OF DE	ATH	REG. NO.	00	TOOOO
INAME OF DEC						HOUR OF DEATH		
(Type or Print)	Hal		Carrington	Brent		. 10,196		3,130 P.M.
3. PLACE IN BAL	IMORE, MARYLAND, W	HERE PRONO	UNCED DEAD	A. STATE	B. COUNT	deceosed lived. If i	a stitution: residence	te before odmission)
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION)				Md .	N	D. INS	IDE CITY HUNTS?	-01
201 Tuscany Rd. Garden Apts.				Baltimore 21210 VES NO NO NO NO NO NO NO NO NO NO NO NO NO				
5. SEX	6. RACE	7. MARRIED	NEVER MARRIED	B. DATE OF BIRTH	9.	AGE (In years	If Under 1 Yr.	. If Under 24 Hrs.
F	W	WIDOWED		March 1	.1879	st birthday)	Months Doys	Hours Min.
IOA. USUAL OCCU			BUSINESS OR INDUSTRY				12. CITIZEN O	F WHAT COUNTRY?
	working life, even if retired)	0	Town	Pol +	-imana	Ma	TT	C A
Homemaker Own			nome	Baltimore, Md. U.			0.	S. A.
	mas Richard	lson B	rown			arrington	a	
	Ever in U. S. Armed For		1 6. SOCIAL	17. INFORMANT				RESS
(Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO.					e Dame	Jr. 806	Mercant	ile Trust
1B. 4. / (Pa (2)		CAUSE OF DEAT		o Danie	81d	g., Bal	to md
OTHER SIGNIF TO THE DEAT DISEASE OF TO THE OFF	ICANT CONDITIONS CO H BUT NOT RELATED TO TO ONDITION GIVEN IN PAR OPERATION 179B. CON WAS PERI	dying, e.g., the disease, deoth.) ony, giving stoting the NTRIBUTING HE TERMINAL I 1 (A). DITION FOR	(B)(C)	A CONSEQUENCE A CONSEQUENCE	OF:	20B. IF YES, WERE IN CERTIFYING CA	FINDINGS CON	
OR CONTRIBL	NT WAS UNDERLYING DITING CAUSE OF medical examiner	hon etc.	PLACE OF INJURY (e.g., ine, form, foctory, street, o	ffice bldg., INJURY	OCCUR?	(It In Boltima	ore City, give exoc	f locotion)
210-TIME (Month) (Doy) (Yeor) (Hour) 21E, INJURY OCCURRED While At Work 21F. HOW DID INJURY OCCUR?								
that (1) (we)	alm Tilden	ed olive an	1) (Ne) (did) (did not)	ending Merors. 23D. ADDRESS	d. S	haff hys.		curred on the dote
240 8110120 555			DEGREE	12 E. I	_		The Annual Control	man) (64-4-1
Burial	MATION, 24B. DATE 10-14		reenmount	EMATORY	24D. LO	Baltimor	eity, town, or cour	nty) (Stote) Md.
	BY HEALTH DEPT.		OF REGISTRAR	25C. FUNERAL				DDRESS
	OC 1 15 1900	10.02.1	52 3Fa Q A	O HOW Je	nking	& Sons (30. 4905	York Rd.

& Sons Co. 4905 York Rd. Balto.12, Md.

VS 150-REV. 1/1/6B



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16	3		9. E	0 9	1 3	8 8	

BALTIMORE CITY HEALTH DEPARTMENT

REG. NO.

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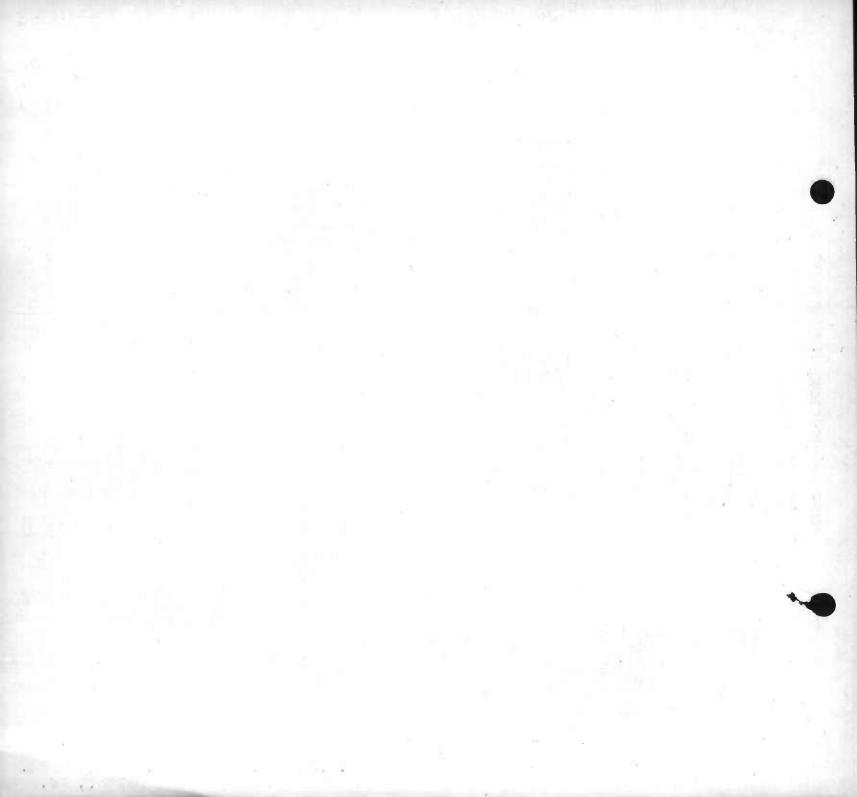
IRTH NO.	CLRTITICA	TE OF DEATH			
NAME OF DECEASED		2. DATE AND	HOUR OF DEATH	0.00	
ype or Print) Nellie M	. Zell	October 11, 1968 3°P M.			
PLACE IN BALTIMORE, MARYLAND,		4. USUAL RESIDENCE (Where A. STATE 8. COUNT	deceased lived, If is	nstitution: residence before admission)	
ULL NAME OF (IF NOT IN HOSI IOSPITAL OR ADDRESS OR LO	Maryland C.CITY OR TOWN D. INSIDE CITY LIMITS?				
97) -		Balto.		YES X NO	
Long Green	Nursing Home	701 N. Cath	nedral St		
SEX 6. RACE	7. MARRIED NEVER MARRIED	8. DATE OF SIRTH 9. AGE (In years		If Under 1 Yr. If Under 24 Hrs.	
F W	WIDOWED DIVORCED	12-13-1895	ast birthdoy)	Months Doys Hours Min.	
	ork 108. KIND OF BUSINESS OR INDUSTRY		in country)	12. CITIZEN OF WHAT COUNTRY?	
one during most of working life, even if retired	·		,		
Housewife	Own Home	Md.		USA	
3- FATHER'S NAME		14. MOTHER'S MAIDEN NAM	\E		
William T. Munni:	Ella Gover				
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL SECURITY NO.		17. INFORMANT		ADDRESS	
No	212-34-0010	Frances T. A	Thent 2	330 Rickwick Rd.	
18, 18, 2 45	CAUSE OF DEAT	TH O	TOGIC C	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	
DISEASES OR CONDITIONS, in the second of the	CONTRIBUTING				
19A. DATE OF OPERATION 19B. CO	No	IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?		
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	21B, PLACE OF INJURY le.g., home, form, factory, street, etc.)	in or obout 21 C. WHERE DID	(If in Saltimo	e City, give exact location)	
21 D. TIME Month Doy Yes	or) [Hour) 21E. INJURY OCCURRED	21F. HOW DID INJU	JRY OCCUR?		
OF INJURY	While A1 Not Whi		110		
		10/4	68/	Jet 11 68	
that (1) (we) last sow the decea	6(+ 411	19 60 ond the	of in (my) (our) op	nion death occurred on the date	
and hour one from the pauses s	toted above. (1) (We) (did) (did not)	view the body ofter deoth.			
23A SIGNATURE	2/2/-	ending Med.	Staff Phys.	23B. DATE SIGNED 10-12-68	
23C. PHYSTCIAN S		23D. ADDRESS			
NAME (Type)	. Helfrich MD	5006 Roland	Ave., Bal	to. Md.	
NAME (Type)	Hezfrich MD DEGREE	5006 Roland 24D. LO		to., Md.	
NAME (Type) William G	24C.NAME of CEMETERY OF CR	EMATORY 24D. LO	rest Hill		
thote(1) (we) last sow the deceded ond hour one from the cruses so	sed alive on Oldid) (did not)	ending Med.	Staff Phys.	23 R. DATE SIGNED	



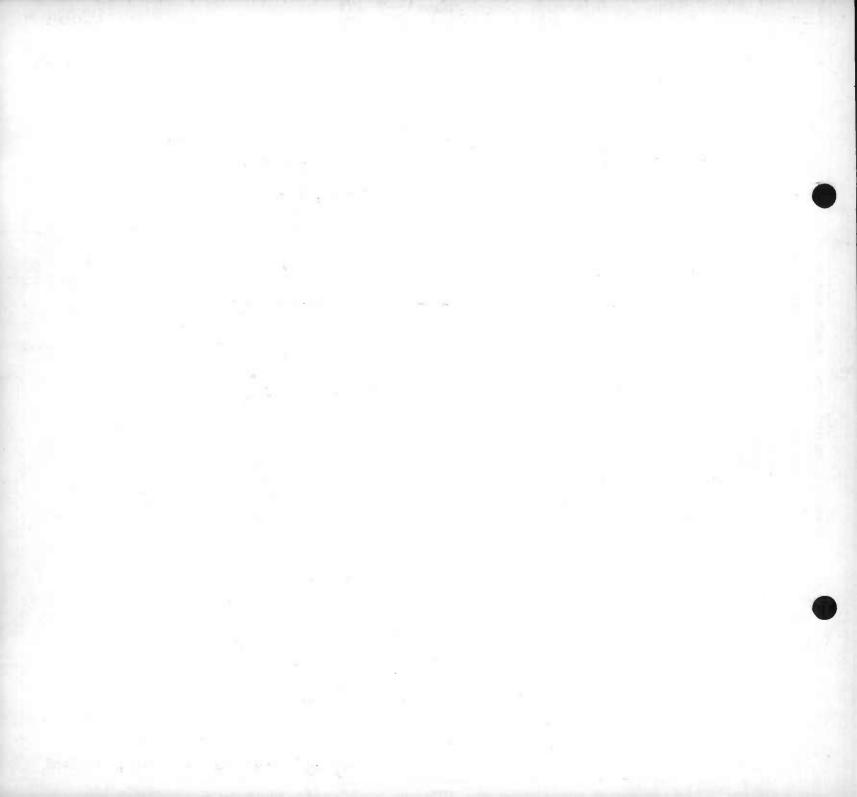
VS 150-REV, 1/1/68

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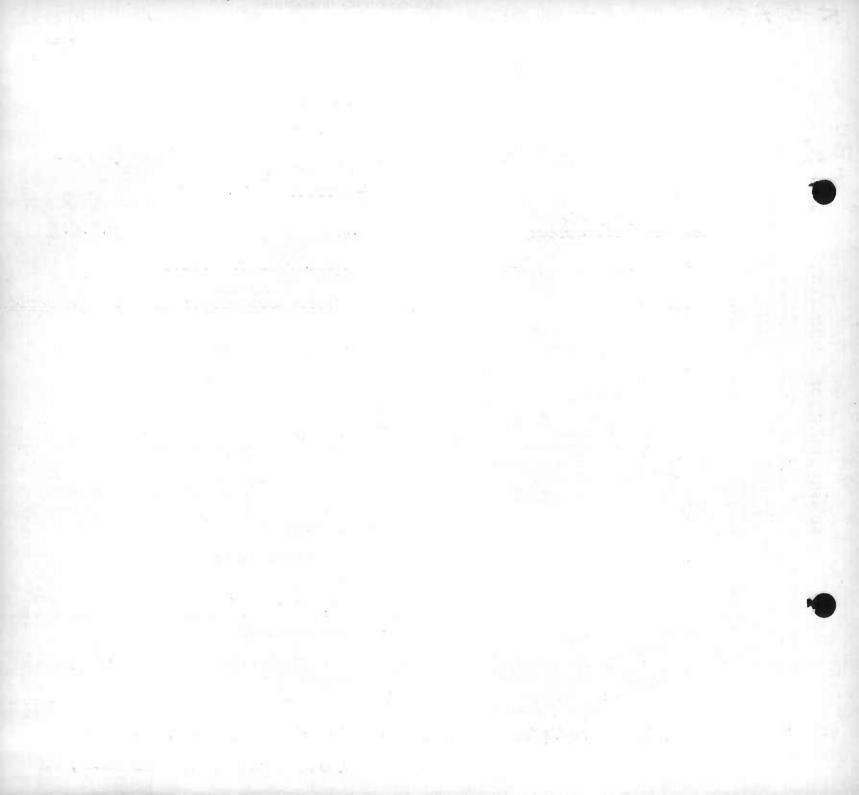
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BALTIMORE CITY HEALTH DEPARTMENT

68-10365

	00	CERTIFICA	TE OF DEATH	REG. NO.	00 10000
INAME O	OF DECEASED		2. DATE AND	HOUR OF DEATH	1,-
Type or Pri		11	10-11		5-43 0
PLACE I	IN BALTIMORE, MARYLAND, W	HEEF PRONOUNCED DEAD	4. USUAL RESIDENCE (Where		titution: residence before admission
M VERGE .			A. STATE B. COUNT	Y	and the same of th
FULL NAM		AL OR INSTITUTION, GIVE STREET	M4.		-01
NSTITUTIO	OR ADDRESS OR LOCA	IION)	C. CITY OR TOWN	DINSID	DE CITY LIMITS?
40			T3A HO.		YES P NO
	11:11	. //	E. STREET AND NUMBER	, , , , ,) 0 -
801	tON /1/1/1/10	irsing Home	167501	11+V180	W HVC
. SEX	6. RACE	7. MARRIED NEVER MARRIED	B. Water St. Plants	AGE (In years	If Under 1 Yr. If Under 24 Hrs Months! Days Hours Min.
I.	11/	WIDOWED DIVORCED	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	st birthdoy) 82	With the state of
A. USUAL	OCCUPATION (Give kind of work	10B. KIND OF BUSINESS OR INDUSTRY	11 BIRTHPLACE (State or foreig	70	12. CITIZEN OF WHAT COUNTR
	most of working life, even it refired)		11 -11	0	
KIRK	HONE MANNEY	2	118813burg	Frana.	U.S.A.
- FATHER	S NAME		14. MOTHER'S MAIDEN NAM	E 2	, , , , , , , , , , , , , , , , , , , ,
Ra	RAMAI Mill	no T	Boomerson	Axx Resino	relate
Wos De	eceosed Ever in U. S. Armed Ford	es? 16. SOCIAL	17. INFORMANT A	1 de de	ADDRESS
es, no or u	nknown) (If yes, give wor or dote:	s of service) SECURITY NO.	on Mrsit	nna M Mc	ond mil
INKX	ax No	214-01-2807	13 BAKONEX SKUL	XXXXXXXXXXXX	khussexxx kleikus and
18.	(19.31	CAUSE OF DEAT	Н		APPROXIMATE INTERVAL
-	DISEASE OR CONDITION DIR	ECTLY			BETWEEN ONSET AND DEAT
	LEADING TO DEATH		Confid Warden	The Side	11 . 1/11
(This	daes not mean the made of	dying, e.g., (A) IMMEDIATE CA	A CONSEQUENCE OF:		6/bB
	failure, asthenia, etc. It means	the disease,	A CONSEQUENCE OF:	relevan	
injury	ar complication which caused	dedin.)			
	ANTECEDENT CAUSES	(B) and	enouler te	not deles	u year
	SES OR CONDITIONS, if	, 33	A CONSEQUENCE OF:		
	In the above cause (A) ERLYING CONDITION last.	slaling the	Mesmelines	Gerenlys	of more
4		(C)		7	
7 1	20.0	IVO DUTING			
OLOHEK	SIGNIFICANT CONDITIONS COL E DEATH BUT NOT RELATED TO TH				
▼ DISEAS	SE OR CONDITION GIVEN IN PAR	T 1 (A).	120 A	200	
194.0	ATE OF OPERATION 198. CON	DITION FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No)	IN CERTIFYING CAU	INDINGS CONSIDERED USES OF DEATH?
E O					
3 21 A. A	CCIDENT WAS UNDERLYING TO NOTRIBUTING TO CAUSE OF	21B. PLACE OF INJURY (e.g., home, form, foctory, street,	in or obout 21C. WHERE DID	(If in Boltimore	City, give exact location)
	(notify medical examiner)	etc.)	ince sing. Intooki occok.		
21 D. TI.	ME (Month) (Doy) (Year)	(Hour) 21E. INJURY OCCURRED	21F. HOW DID INJU	BY OCCUP?	
OF INJ				RT OCCUR:	
(APPRO	OX.)	While At Not Whi			
22 1	ify that (1) (this haspital) ottended the deceased from	1/20 10	66 10	100 /11 1068
-					10 /1/
that (I	l) (we) lost saw the deceose	d olive on		in (my) (our) opin	ian deoth occurred on the do
ond he	aur ond from the causes stot	ed obove. (1) (We) (did) (did not)	view the body ofter deoth.		
23A. SI	GNATURE				23B. DATE SIGNED
31	alm	Markers AH	ending Med. S. Director	hys.	10/11/6+
22C PH	TYSICIAN'S	Markon DEGREE PHO	23D. ADDRESS	nys. —	111/08
	AME (Type)	d markette MA	-		02111
	MELLIN.	IT MATCHT MA	VE. REAL	1 51	MULT 1/20
	AL CREMATION, 248. DATE	24C. NAME of CEMETERY OF CE			y, town, or county) (Stote)
	vial 10/14/	168 Moreland Me	marial Ph Ro	eltimore, 1	Maryland
	, , ,			roomoree, 1	0
25A. DATE	REC'D BY HEALTH DEPT.	25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR		ADDRESS



VS 150-REV, 1/1/68

68



BIRTH NO.	68	-1036		TE OF DEATH	Reatstered No.	68-10367
M.E. CASE NO		7000	CERTIFICA			
1. NAME OF D (Type or Print)	JOSEPH	F. MC	DELLER	2. DATE A	ND HOUR OF DEATH	0/0 = 0 m
3. PLACE OF E	DEATH IN BALTIMORE, MA			4. USUAL RESIDENCE (Who	to decoased lived. It in	stitution: residence before admission
FULL NAME HOSPITAL O	R oddress or tocation	n)		A. STATE Md. C. CITY OR TOWN (If or	utside city timus, write Baltimor	RURAL ond give to market
00	3015 Gibbon	s Avenue			rurol, give locotion)	10
5. SEX	6. RACE		NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	II Under 1 Yr., II Under 24 H
Male	White	Ma	o, DIVORCED (specify)	Jan. 26,1895.	lost birthdoy) 73	Months Doys Hours Min.
dane during most	CCUPATION (Give kind of wor of working life, even if retired) d——Accountant		BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stole or fore		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S N	AME			14. MOTHER'S MAIDEN NA	ME	
	Louis Me	eller			Elizab	eth M. Trageser
5. Was Deceas	ed Ever in U. S. Armed Fo wn) (If yes, give war or date	rces?	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
Yes	WWX 1	- 0. 0017100/	216-09-8082A	Mrs. Martha B.	. Meeller	(Same)
(This does heart foilur injury or c	ASE OR CONDITION DI LEADING TO DEATH not meen the mode of e, osthenia, etc. II meens omplication which couses ANTECEDENT CAUSES OR CONDITIONS, if the obave couse (A) NG CONDITION lost.	dying, e.g., the diseose, deoth.)	(B)DUE TO	ti pyocardio	***************************************	w Sawadiste
OTHER SIGNATURE DISEASE OF	III INIFICANT CONDITIONS (DEATH BUT NOT REL/ R CONDITION CAUSING	ATED TO TH	S S QUALLES	20A. AUTOPSY? (Yes of N		FINDINGS CONSIDERED USES OF DEATH?
OR CONTR	DENT WAS UNDERLYING BUTING CAUSE OF	21 B.	e, lorm, foctory, street, of	n or obout 21 C. WHERE DID fice bldg., INJURY OCCUR?		City, give exact location)
21D. TIME OF INJURY (APPROX.)	(Month) (Doy) (Year) fy that (1) (this hospita	(Hour) 21 E. Whi	INJURY OCCURRED te At Not While k At Work	1050	1910	Africa 11 10 65
that (1)_(see	e) lost saw the decease	d olive on	actifes "	11 100		nion death accurred an the d
23A. SIGNA	James C	5 Mu	M.D. Atte	nding Med.	Sloff Phys,	238 DATE SIGNED OCT. 11, 1968
NAME	AMES I.	Vyhi	M.D.	5214 4	arford o	Rd. Jact: 212
Buri	10/1/4/		eland Memorial		Baltirer	(Stote) (Stote)
25A. DATE REC	OCT TO 1968	25B. NAME O	F REGISTRAR	25C. FUNERAL DIRECTOR		ADDRESS 1to. Md. 21214



68-103	68	
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BALTIMORE CITY HEALTH DEPARTMENT

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	68-1	U368 CERTIFICA	TE OF DEATH	REG. NO.	08-10368		
	TH NO.	CERTITICA		ID HOUR OF DEATH			
	de ar Print)	11. 1/11	2. DATE AN	7 /// DEATH	1 / 200		
3.	PLACE IN BALTIMORE, MARYLAND, WHERE	PRONOUNCED DEAD	4. USUAL RESIDENCE (When	re deceased Kved. If ins	titution: residence before admission)		
HC	LL NAME OF SPITAL OF ADDRESS OR LOCATION	R INSTITUTION, GIVE STREET	M3al10-21214 C. CITY OR TOWN	. INSID	E CITY LIMINS?		
14	8 M 1 1 (1 / 1	1/20.4/	Balto	21219	YES NO		
/	Mary and bevery /	100 pr /w.	58 03 W	lowton	AVE		
5. S	6. RACE / 7. M	ARRIED NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. If Under 24 Hrs. Months! Doys Hours Min.		
	/- // wit	DOWED DIVORCED	12-28-04	lost birthday)	Willias Doys Hours Willia		
IOA	USUAL OCCUPATION (Give kind of work 108, 1 e during most of working life, even if retired)	KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fore	ign country)	12. CITIZEN OF WHAT COUNTRY?		
R	etired Teacher	Teacher	15alto	142	US17		
13.	FATHER'S NAME William	M. Link	14. MOTHER'S MAIDEN NAT	ME Cora Aru	macost (Dec)		
	Was Deceased Ever in U. S. Armed Forces?	16. SOCIAL	17. INFORMANT	1 /1 /2 / 10	ADDRESS		
(Yes	s,na arunknawn) (If yes, give war ar dates of s	SECURITY NO. 2/4-40-5010	David G. Hi	sley	same		
	18. / 3 3 , 81	CAUSE OF DEATH	1		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH		
	DISEASE OR CONDITION DIRECTL	. Y	Pa of Color	with motas	Land 20 months		
	(This does not meon the mode of dyin	(A) IMMEDIATE CAU		I PALLET INGINE	1001. XX MONIMI.		
	heart failure, asthenia, etc. It means the a	disease,	A CONSEQUENCE OF:	0			
	ANTECEDENT CAUSES	1.7	6 1 (1	63.0			
	DISEASES OR CONDITIONS, if ony,	giving DUE TO, OR AS	A CONSEQUENCE OF:	<i></i>			
	rise to the above cause (A) stati	3. 3					
z	153.8 II						
ATION	OTHER SIGNIFICANT CONDITIONS CONTRIB TO THE DEATH BUT NOT RELATED TO THE TER	RMINAL					
	DISEASE OR CONDITION GIVEN IN PART 1 (A		20 A. AUTOPSY? (Yes or No		NDINGS CONSIDERED		
CERTIFIC	WAS PERFORM			IN CERTIFYING CAU	SES OF DEATH?		
AL CE	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	21B. PLACE OF INJURY (e.g., in home, form, foctory, street, of etc.)	n or obout 21 C. WHERE DID	(If in 8altimore	City, give exoct location)		
EDIC	21 D. TIME (Month) (Doy) (Year) (Ho	21E, INJURY OCCURRED	21 F. HOW DID INJ	URY OCCUR?			
ME	OF INJURY (APPROX.)	While At Not While Work At Work					
22. I certify that (I) (this hospitol) ottended the deceosed from \$\frac{1}{6}\$ 19.68 to \$\frac{10}{6}\$ 19.68							
	that (1) (we) lost saw the deceosed ali		19ond th	at in (my) (aur) opln	Ion death occurred an the date		
	ond hour and from the couses stored above. (1) (We) (did) (did not) view the body ofter deoth.						
22A SIGNATURE							
	1/1/1/	The Physics of the Ph	nding Med.	Staff Phys.	10/11/68		
	23C. PHYSICIAN'S	DEGREE	23D. ADDRESS	Tily 3.			
	NAME (Type) Allignif A	11/4/1	Md Cananal	Hamital			
244	A. BURIAL CREMATION, 24B. DATE	24C. NAME of CEMETERY OF CRE	MATORY 24D. L	Hospital OCATION (City	y, town, or county) (State)		
	REMOVAL (Specify)						
254	Burial 10/14/68 A DATE REC'D BY HEALTH DEPT. 25B.	NAME OF REGISTRAR	125C FILNEDAL YMPECTORS	altimore, 1	ADDRESS		
	OCT 1.5 1968 (1)	Las E. Farluna	2 Leonad g. 4	Ruck, Inc	Baltimore, Md.		
VS	150-REV, 1/1/68						



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tian: residence before admission) S NO NO
CITY LIMITS? S NO (
s No 🗓
220 005
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Under 1 Yr. , If Under 24 Hrs.
onths Days Hours Min,  2. CITIZEN OF WHAT COUNTRY?
U.S.A.
ADDRESS
e Beltarore Md.
APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DETWEEN GROEF AND DEATH
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1.748
OINGS CONSIDERED
ty, give exact location)
11/ 19 68
a death occurred an the dote
B. DATE SIGNED
10/11/68
Manual #2122/
Maryland #21224
ryland
altimore, Md
DS III



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>	68-106	370 CERTIFICA	TE OF DEATH	REG. NO	68-10370
	1. NAME OF DECEASED	Minist L		ND HOUR OF DEATH	/ / 5-
	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRON	OUNCED DEAD	4. USUAL RESIDENCE (Whe	re deceased lived. If ins	titution: residence before admission)
	FULL NAME OF (IF NOT IN HOSPITAL OR INST HOSPITAL OR ADDRESS OR LOCATION)	NTUTION, GIVE STREET	Mo	USA	
	INSTITUTION PRY LAND C	PENERAL	1) pC/11/no/		VES A MITS?
	48	HOSP	E. STREET AND NUMBER	120-0/0-	Du-
5	5. SEX 6. RACE 7. MARRIE	D NEVER MARRIED	B. DATE OF BIRTH 82	9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Hrs. Months Ooys Hours Min.
1	ale (AUC WOOW)	totals.	11. BIRTHPLACE (Stote or fore	86	12. CITIZEN OF WHAT COUNTRY?
5	done-during most of working life, even if retired)	OXXXXXX	20	Lasas	US A
200	13. FATHER'S NAME	penci /	14. MOTHER'S MAIDEN NA	ME /	/Kennedy
2	IS. Was Deceased Ever in U. S. Armed Forces?	116. SOCIAL	17. INFORMANT	4 both	ADDRESS
3	(Yes, no or unknown) (If yes, give wor or dotes of service Unk.	3 SECURITY NO. 216079193		. Minnick-S	
5	18. DISEASE OR CONDITION DIRECTLY	CAUSE OF DEAT			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	LEADING TO DEATH  (This does not mean the made of dying, e.	(A) IMMEDIATE CAL	ISE		Hurs
3	heart failure, osthenia, etc. It means the diseos injury ar complication which coused death.)		a consequence of p	eighter a	years
D D	ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if any, giving	(B) 77 OR AS	A CONSEQUENCE OF:	Sty PSRA	84 /
5	tise to the above couse (A) stoling It UNDERLYING CONDITION lost.	1e (c)	##		133
3	z 450.1	DANA	nipcluspi,	treon di	ser (ASIAD)
5	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	l / Elly	phospit 1	450 Jun	ALE
	3/0-11-68 WAS BERFORMED	esce of Time	20A. AUTOPSY? (Yes or No	IN CERTIFYING CAU	NDINGS CONSIDERED SES OF DEATH?
	OR CONTRIBUTING CAUSE OF  DEATH (notify medical examinet)	1B. PLACE OF INJURY (e.g., i ome, form, factory, street, of tc.)	n or obout 21 G. WHERE DID	(If in Boltimore	City, give exact location)
3	21D. TIME (Month) (Doy) (Year) (Hourl 2	E. INJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?	
	(APPROX)	Vork Not While At Work	<u> </u>		~ /~
0	22. I certify that (I) (bis hospital) attended that (I) (we) last saw the deceased alive an			1968 to 68	ion deoth occurred on the date
	and haur and fram the causes stated abave.	_		di 111/2007 dp.111	on doon occorred on the dole
2	23A, SIGNATURE	Atte	nding Med.	Shell FEE	238. DATE SIGNED
3	23C. PHYSICIAN'S NAME (Type)	DEGREE Phys	Director L	Phys.	1300108
2	Michael SFL	you DEGREE	Mayla	10 OENE	RALITOSP
	REMOVAL (Specify)	NAME of CEMETERY of CRE CK Spring Cer			town, or county) KStotel
	25A. DATE REC'D BY HEALTH DEPT. 25B. NAMI	or registrar		rrest Hill	
	VS 150-REV. 1/1/6B	DE, Mansey M	Leonard J.	nuck Inc.	,Balto. Md. #14

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68-10371 BALTIMORE CIT	TY HEALTH DEPARTMENT
CERTIFICA	ATE OF DEATH REG. NO. 100 100/1
BIRTH NO.  1. NAME OF DECEASED	2, DATE AND HOUR OF DEATH
(Type or Paint)	
FLACE IN BALTIMORE MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceosed lived, If institution; jesidence before admission)
	A. STATE B. COUNTY
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	1 laryland
NSTITUTION	C. CITY OR TOWN
77	Boutimore YES NO
2: 0	E. STREET AND NUMBER
Union Memorial Hosp	3504 Gibbons Aue
SEX 6. RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years II Under 1 Yr. If Under 24 Hrs. Months; Doys Hours; Min.
remale White WIDOWED DIVORCED	7-20-93 75
DA. USUAL OCCUPATION (Give kind of work 10 B, KIND OF BUSINESS OR INDUSTION one during most of working life, even if retired)	RY   11. BIRTHPLACE (State or foreign country)   12. CITIZEN OF WHAT COUNTRY
Housewife	USA-Mariland USA
3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
( ) ~ K ~ ~ ~ ~ ~ ~	17-16-00-10
5. Was Deceased Ever in U. S. Armed Forces? 16. SOCIAL	17. INFORMANT ADDRESS
(es, no or unknown) (If yes, give war ar dotes of service) SECURITY NO.	
No 2130901711	
18. 4 7 OI + S 5 9 CAUSE OF DEA	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY	0 1 10 1 0 11
LEADING TO DEATH  (A) IMMEDIATE C.	AUSECErebral Vascular Accident
	S A CONSEQUENCE OF:
injury at camplication which caused death.)	
ANTECEDENT CAUSES	
	AS A CONSEQUENCE OF:
rise to the above cause (A) stating the UNDERLYING CONDITION last.	igestive Meart Failure
4344 11	.)
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	betes Mellitus
TO THE DEATH BUT NOT RELATED TO THE TERMINAL  DISEASE OR CONDITION GIVEN IN PART 1 (A).	Detes MENITOS
19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION	20 A. AUTOPSY? (Yes at Na) 20 B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
WAS PERFORMED	N CEKIIFTING CAUSES OF DEATH!
21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., OR CONTRIBUTING CAUSE OF home, form, foctory, street,	, in or about 21 C. WHERE DID (If in Baltimare City, give exact lacation) office bldg., INJURY OCCUR?
DEATH (notify medical examiner) etc.)	onice stug., INSON OCCON.
2 21D-TIME (Month) (Day) (Year) (Haur) 21E, INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
OF INJURY (APPROX.) While At Not W	
Work At Wo	
22. I certify that (1) (this haspital) attended the deceased fram	10-09- 1968 to 10-13 1968
that (17 (we) last saw the deceased alive an 10-13	19 68 and that in(my) (aur) apinian death accurred an the dat
and haur and fram the causes stated above. (1) (We) (did) (did not)	view the bady after death.
STERHEN GOLDBERGER MD	23B. DATE SIGNED
	thending Med. Director Phys. Phys. 10-13-68
23C. PHYSICIANS NAME (Type)	22D Apparer
	THE UNION MEMORIAL HOSPITAL
STEPHEN GOLDBERGER, MD DEGRIE  4A. BURIAL CREMATION, 124B. DATE 124C, NAME OF CEMETERY OF C	
REMOVAL (Specify)	
Burial 10/16/68   Most Holy Red	deemer Cem. Baltimore, Md.
SA. DATE REC'D THEALTH DEPT. 258. NAME OF REGISTRAR	25c. Funeral Director Leonard J. Ruck Inc. Balto. Md. #14
- 1200 1300 W. B. 20 44 W. A.	Debugrade Brack Tile. parco. Mr. 1174

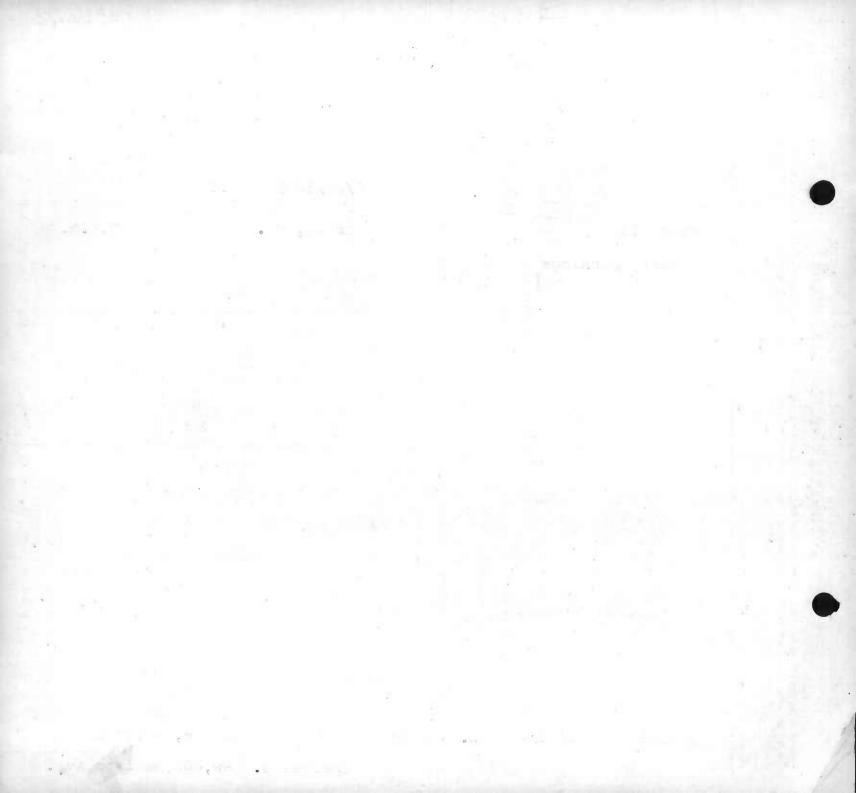
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	68	-1037		HEALTH DEPARTMENT	REG. NO.	68-10372
BIRTH N		TOO	~ CERTIFICA	TE OF DEATH	REG. NO	30 100712
1. NAM (Type or	e of deceased	EDWA	RDS (JEHN	ings) 2. DATE AN	ber 6	1968 12.33 p.m.
3. PLAC	CE IN BALTIMORE, MARYLAND, W	HERE PRONOL		4. USUAL RESIDENCE (Wher		nstitution: residence before admission)
FULL N HOSPIT INSTITU	AL OR ADDRESS OR LOCA	AL OR INSTITU	JTION, GIVE STREET	C. CITY OR TOWN		MITEN STATE
36F	FRANKLIN SQ	UARE	HOSPITAL	E. STREET AND NUMBER  923 N LEX	-	STREET BANTANDONE
5. SEX	6. RACE Color	7- MARRIED [ WIDOWED	NEVER MARRIED DIVORCED	B. DATE OF BIRTH 6/20/1899	9. AGE (In years lost binhay)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
	UAL OCCUPATION (Give kind of work	10B. KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or forei	gn country)	12. CITIZEN OF WHAT COUNTRY?
	ring most of working life, even if retired)  OUSEWIFE		- Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Cons	Crewe, Va.		U.S.A.
	HER'S NAME			14. MOTHER'S MAIDEN NAM	ΜE	0000110
m	Harry Jennings					
15. Wos	Deceased Ever in U. S. Armed For	ces?	1 6. SOCIAL	17. INFORMANT		ADDRESS
(Yes, no	orunknown) (If yes, give wor or dote	s of service)	SECURITY NO.	TAC XSON	GETA	iepe
18.	43/3/		CAUSE OF DEAT			APPROXIMATE INTERVAL
	DISEASE OR CONDITION DI	RECTLY		d 1. 1		BETWEEN ONSET AND DEATH
	LEADING TO DEATH		(A) IMMEDIATE CAL	U. V. A		6 cays.
	is does not mean the made of art failure, asthenia, etc. It means		DUE TO, OR AS	A CONSEQUENCE OF:		
inju	ury ar camplication which caused					
	ANTECEDENT CAUSES		(B)			
rise	SEASES OR CONDITIONS, if			A CONSEQUENCE OF:		
UN	IDERLYING CONDITION last.		(C)			
NO TO TO	3 3 / X II HER SIGNIFICANT CONDITIONS CO THE DEATH BUT NOT RELATED TO T	NTRIBUTING HE TERMINAL				
	EASE OR CONDITION GIVEN IN PAR DATE OF OPERATION 19B. CON WAS PER	DITION FOR V	WHICH OPERATION	20A. AUTOPSY? (Yes or No	1 208. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED AUSES OF DEATH?
U 21 A	A. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF	21 B. hom etc.)	e, form, foctory, street, o	ffice bldg., INJURY OCCUR?	(If in Boltimo	ore City, give exoct locotion)
O 21 D	TIME (Month) (Doy) (Year)	(Hour) 21E,	INJURY OCCURRED	21 F. HOW DID INJ	URY OCCUR?	
5 01	PROX.)	Whi	ile At O Not Whi			
22	I certify that (1) (this hospital			centember 30	10 60. 0	otables 6 in Car
	t (i) (we) lost sow the deceose		mapped 1		at In(my) (our) op	inion death occurred on the date
ond	hour and from the couses sto	ted obove. (1	) (We) (did) (did nat)	view the body ofter death.		
23A	C. Vanases	ò '	Phy	ending Med.	Shaff Phys.	23B. DATE SIGNED
23 C	PHYSICIAN'S NAME (Type) (HIND	VANA	DEGREE	23D. ADDRESS	NELIN	SOLLARE HOL
24A. BU	IRIAL CREMATION, 248. DATE	24C, NA	DEGREE			city, town, or county) (State)
RE	MOVAL (Specify)					
	urial 10/10		t. Auburn	25C. FUNERAL DIRECTOR	ltimore,	ADDRESS
	OCT 1 5 1968 (	12009	E He Dellan			Madison Ave.
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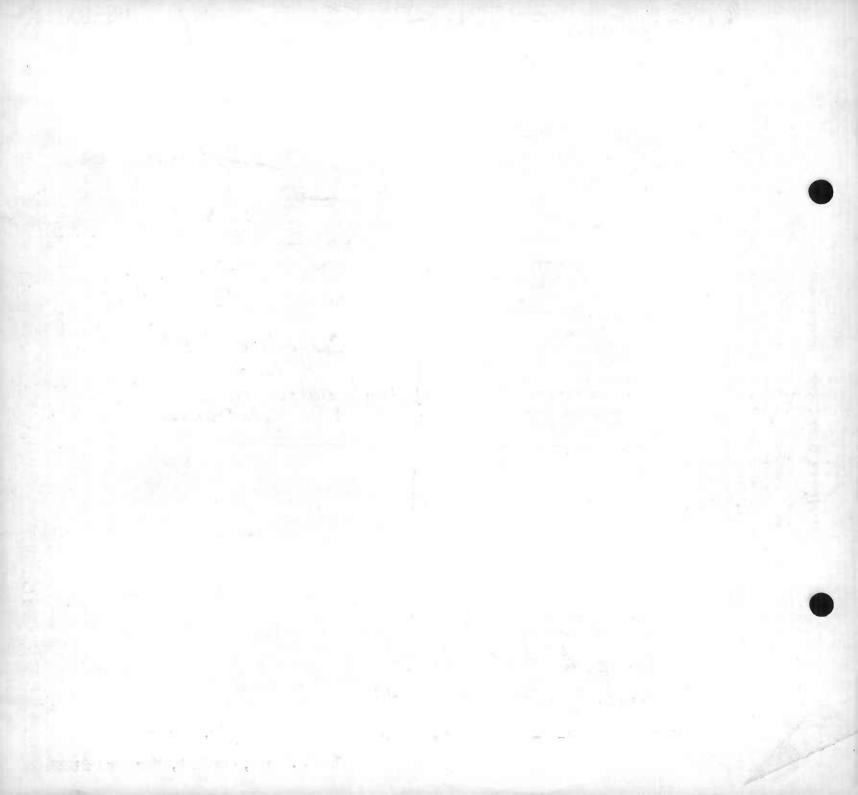
150-REV. 1/1/68

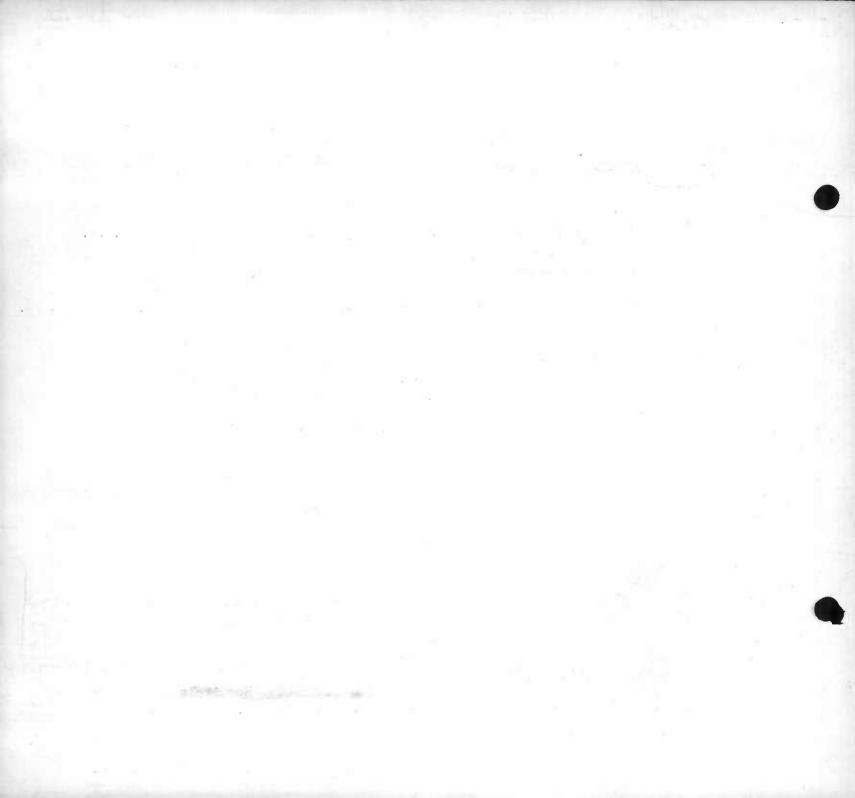


2. DATE AND HOUR OF DEATH OCTOBER 9, 1968 USUAL RESIDENCE (Where deceased lived, If institution; residence before admission) Baltimore D. INSIDE CITY LIMITS? NO X YES E. STREET AND NUMBER 7610 Parkwood Road 9. AGE fln years tf Under 1 Yr. Months: Doys If Under 24 Hrs. lost bied doy Hours 10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? U.S.A. 14. MOTHER'S MAIDEN NAME Johnnie Cone ADDRESS Records 218-22-0236 VA Hospital, 3900 Loch Raven Blvd. 21218 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH Massive pulmenary embolisim in right (A) IMMEDIATE CAUSE pulmonary Artery 30 Min. There her ATANSAMOSTITE bitis Postoperative 🖛 right renal Calculi 7 Days Mild Hypertension incompetent Tricustio 20 A. AUTOPSY? (Yes or Na) 20B, IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSE OF DEATH? 218 PLACE OF INJURY (e.g., in or about 21C. WHERE DID home, form, foctary, street, affice bldg., INJURY OCCUR? (If in Baltimare City, give exact lacation) 21 F. HOW DID INJURY OCCUR? 10 68 to October 9, that (A) (we) last saw the deceased alive an October 9. 19.68 and that in (mg) (aur) apinian death accurred an the date and haur and from the causes stated above. () (We) (did) ( () view the bady after death. 23 B. DATE SIGNED Staff Phys. 10-10-68 3900 Loch Raven Blvd. Balto., Md. 21218 24D. LOCATION (City, town, or county! Baltimore, Maryland 2 250 FUNERAL DIRECTOR 7922 Wise Ave. Dundalk, Md. VS 150-REV. 1/1/68



V\$ 150-REV. 1/1/68





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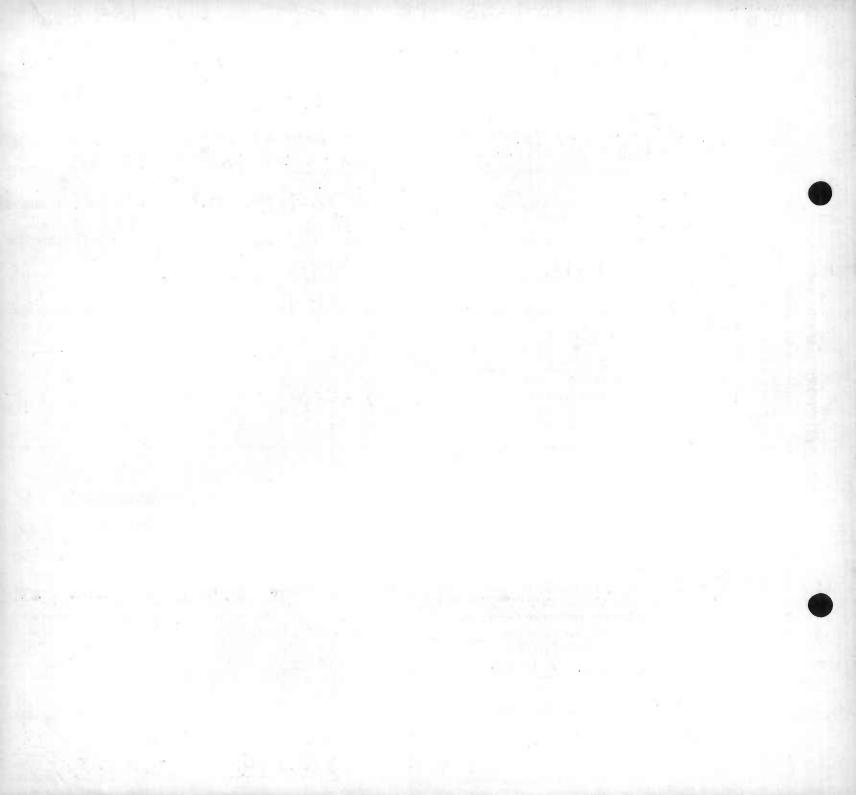
_ 1	68-10376 BALTIMORE CITY HEALTH DEPARTMENT	
G-502	MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO.	68-10376
	1. NAME OF DECEASED (Type or Print)  WINFRED E. GOWEN  2. DATE Known  Month Doy OF DEATH Estimoted Ocotber 10,1968	М.
37 C	4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD  FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET OCOTOR 10, 1968  OF A STITU CH A CONTROL OF THE PRONOUNCED DEAD  STREET OCOTOR 10, 1968  5. USUAL RESIDENCE (Where deceased lived. If institution: res	
77	MERCY HOSPITAL (DOA)  6. SEX  7. RACE  8. MARRIED   NEVER MARRIED   C. CITY OR TOWN  Male  White  WIDOWED   DIVORCED   C. CITY OR TOWN	IMITS?
	9. DATE OF BIRTH 10. AGE (In years In Under 1 Yr. If Under 24 Hrs. E. STREET AND NUMBER Months, Doys, Hours, Min. 10. STREET AND NUMBER MONTHS, DOYS, MIN. 10. STREET AND NUMBER MONTHS, MIN. 10. STREET AND	57-
	11. BHTHPLACT (Stole or Voreign country)  12. CITIZEN OF WHAT COUNTRY?  13. FATHER'S NAME  WHAT COUNTRY?  14A. USUAL OCCUPATION Give kind of work 14B. KIND OF BUSINESS OR INDUSTRY 43. MOTHER'S MAJDEN NAME	
	downduring most of working literaven if getired) Public Restourants Mottifea People  16. WAS DECEASED EVER IN U.S. ARMED FORCES?  17. SOCIAL  (Yes, no opunknown) (If yes, give wor or doze; of service)  16. The service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the servic	Es Anover Ed
	CAUSE OF DEATH  DISEASE OR CONDITION DIRECTLY  Multiple Traumatic Injuries	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	LEADING TO DEATH  (This does not mean the mode of dying, e.g., heart foilure, asthenia, etc. It means the disease, injury or complication which caused death.)  (A) IMMEDIATE CAUSE  DUE TO, OR AS A CONSEQUENCE OF:	
	ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (C)	
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	
	20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WAS PERFORMED	yes yes
	22A. EXTERNAL CAUSE WAS UNDERLYING SOR CONTRIB- UTING CAUSE OF DEATH.   22B. PLACE OF INJURY (e.g., in or obout lower and lower examples of the bloom, form, foctory, street, office bldg., etc.)   22C. WHERE DID (If in Boltimore City, give exact lower examples of the bloom, form, foctory, street, office bldg., etc.)   INJURY OCCUR?   Hanover and West Streets   22D. TIME (Month) (Doy) (Year) (Hour)   22E.INJURY OCCURED   22F. HOWDID INJURY OCCUR?	23-61
	OF INJURY (APPROX.)Oct.10,1968 10:10 Pne WORK NOT WHILE AT WORK Pedestrian Struck by car 23.  1 certify that I held an Inquiry Inspection Autopsy and that an this basis, deoth in my api	
	resulted fram: Natural causes Accident Suicide Hamicide Undetermined manner CHIEF MEDICAL EXAMINER	DATE SIGNED
	SIGNATURE RONALD N. KORND1um, M.D. ASSOCIATE MEDICAL EXAMINER OCOTBET	11,1968
	24A. BURIAL CREMATION, 24B. DATE 24C, NAME of CEMETERY or CREMATORY Cedar Hill Brooklyn, Brooklyn, Brooklyn, City, 1009, or 25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR DATE REC'D BY HEALTH DEPT.	county) (Steve) ounty, Ma
	9CT 15 1968 R last 2. Falley Central 1400 5.04 3	1238

10/16/68 - Correction form from funeral director.

Blarter



D11211	68-10378 BALTIMORE CITY HEALTH DEPARTMENT . REG NO. 68-10378	
75705	CERTIFICATE OF DEATH	_
and sath sed the	BIRTH NO.  1, NAME OF DECEASED  2, DATE AND HOUR OF DEATH	-
of deat Decease e on th	(Type or FIAL Mer, Judson) M 10-9-68 112:20 A	M.
pit Of De ath	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD  4. USUAL RESIDENCE   Where deceased lived. It institution: residence before admission and the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of th	n)
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P o u s	13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME	
if dect (4) u wa the pos	Part Dal	
d; (d)	15. Was Deceased Ever in U. S. Armed Forces? 16. SOCIAL 17. INFORMANT DEC SOCIAL ADDRESS	
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0	(This does not mean the mode of dying, e.g., DUETO, OR AS A CONSEQUENCE OF: /	
OR: iner ner. actu pro ular mba	injury or complication which coused deoth.)	
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Cale (3); (3)	UNDERLYING CONDITION lost. (C)	_
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	U 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID (If In Boltimore City, give exect location) home, form, foctory, street, office bldg., INJURY OCCUR?	
> = o f Z a	O DEATH (notify medical examiner)	
	21 D. TIME (Month) (Doy) (Yeer) (Hour) 21E. INJURY OCCURRED OF INJURY (APPROX.)  While At Work At Work	
_ 0 0 . 7 5 ±		_
0 - 0	22. I certify that (I) (this haspital) attended the deceased fram 19 8 to 10/9 19 6 8 that (I) (we) last saw the deceased alive an 19 and that In (my) (aur) apinian death accurred an the deceased alive an 19 and that In (my) (aur) apinian death accurred an the deceased alive an 19 and that In (my) (aur) apinian death accurred an the deceased alive an 19 and that In (my) (aur) apinian death accurred an the deceased alive an 19 and that In (my) (aur) apinian death accurred an the deceased are not alive an 19 and that In (my) (aur) apinian death accurred an the deceased are not alive an 19 and that In (my) (aur) apinian death accurred an the deceased are not alive an 19 and that In (my) (aur) apinian death accurred an the deceased are not alive an 19 and that In (my) (aur) apinian death accurred an the deceased are not alive an 19 and that In (my) (aur) apinian death accurred an the deceased are not alive an 19 and that In (my) (aur) apinian death accurred an the deceased are not alive an 19 and that In (my) (aur) apinian death accurred an the deceased are not alive an 19 and that In (my) (aur) apinian death accurred an the deceased are not alive an 19 and that In (my) (aur) apinian death accurred an the deceased are not alive an 19 and that In (my) (aur) apinian death accurred an are not alive an 19 and that In (my) (aur) apinian death accurred an are not alive an 19 and that In (my) (aur) apinian death accurred an are not alive an 19 and that In (my) (aur) apinian death accurred an are not alive an are not alive an 19 and that In (my) (aur) apinian death accurred an are not alive an 19 and that In (my) (aur) apinian death accurred an are not alive an are not alive an are not alive an are not alive an are not alive an are not alive an are not alive an are not alive an are not alive an are not alive an are not alive an are not alive an are not alive an are not alive an are not alive an are not alive an are not alive an are not alive an are not alive an are not alive an are not alive an are not alive an are not ali	
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t be sed ent spit leat	23A. SIGNATURE 23B. DATE SIGNED	
lea hood	Carmen Fratto Mt D. Attending Med. Director Director Director Director 10/9/68	
a re a co	23C. PHYSICIAN'S NAME (Type)  23D. ADDRESS	
ificate y was r 1) An a 3.A. at d prior	Garmen Fratto M.D. DEGREE	
d Ay	24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION (City, town, or county) IStotel REMOVAL (Specify)	
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This ce the books shows: was D. deceas	25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 2SC. FUNERAL DIRECTOR ADDRESS	
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	BALTIMORE CITY	HEALTH DEPARTMENT		CQ_40004
68-10	381 CERTIFICA	TE OF DEATH	REG. NO	68-10381
BIRTH NO.	CLKIIICA	IL OI DEATH		
NAME OF DECEASED			HOUR OF DEATH	
Type or Print)	ble	10.1	0.68	1 2 4
C/AKA /I.				12 1.
3. PLACE IN BALTIMORE, MARYLAND, WHERE PR	ONOUNCED DEAD	4. USUAL RESIDENCE (Where A. STATE 8. COUNT	deceased lived. If ins	titution; residence before admiss
				10 01
FULL NAME OF (IF NOT IN HOSPITAL OR 11 HOSPITAL OR ADDRESS OR LOCATION)	NSTITUTION, GIVE STREET	MD.		10-01
INSTITUTION	The Page	C. CITY OR TOWN		E CITY LIMITS?
institution Little Sisters e	of the Took	Baltimor	20	YES NO T
10 1200 valley ST.		E. STREET AND NUMBER		
Balt. mg 2/202	1	1200 Val	Per ST.	
		<u> </u>		
SEX 6. RACE 7- MAR	RRIED NEVER MARRIED	8. DATE OF BIRTH 9.	ost birthdoy)	Months Doys Hours Mi
F   WIDC	OWED DIVORCED	12.24.1883	85	
OA. USUAL OCCUPATION (Give kind of work 108, KIN				12. CITIZEN OF WHAT COUR
lone during most of working life, even if retired)				
Sewing		Bestimos	e md.	USA
3. FATHER'S NAME		14. MOTHER'S MAIDEN NAM		
	1			
William Sabl	C	MARY	E. Becl	TER
5. Was Deceased Ever in U. S. Armed Forces?	1 6. SOCIAL	17. INFORMANT		ADDRESS
Yes, no or unknown) (If yes, give wor or dotes of ser	vice) SECURITY NO.			2
NO	515-03-645	BA Little 5	ISTERS OF	The rook
18. / / / / /	CAUSE OF DEATH			APPROXIMATE INTERV
7/21				BETWEEN ONSET AND D
DISEASE OR CONDITION DIRECTLY		B -+	(1)	-14
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(This does not meon the mode of dying,	e.g., DUE TO, OR AS	ISE Desete myo		/
heort failure, aslhenia, etc. It means the dis	euse,	0	•	
injury or camplication which caused deoth.)	(A) (C)	01.00		
	/ X		4	/ / -   \
ANTECEDENT CAUSES		(1010 4 Cor.	077 EN 125 0	1). PAL
	(B)	CUID & Con	020011490	1296
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	the	A CONSEQUENCE OF:	02201490	neac
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and haur and fram the causes stated abave. (!) (We) (did) (did nat) view the bady after death. must 23B, DATE SIGNED 23A. SIGNATURE Attending Med. Staff Phys. Director written approval 23C. PHYSICIAN'S NAME (Type) 23D. ADDRESS BALT MAIDEN Choice OEGRE 24A. BURIAL CREMATION, REMOVAL (Specify) 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION (City, town, or county) Balto. Md.

25C. FUNERAL DIRECTOR

GO Truman Schwab 3512 Frederick Ave. Balto. Burial Oct.
25A. DATE REC'D BY HEALTH DEPT. 1968 New Cathedwal 12. Cem VS 150-REV. 1/1/68





25A. DATE REC'D BY HEALTH DEPT.

VS 151-REV. 1/1/68

25B. NAME OF REGISTRAR

68-10383 BALTIMORE CITY HE	ALTH DEPARTMENT	
MEDICAL EXAMINER'S		H . 1 68-10383
BIRTH NO.		REG. NO.
1. NAME OF DECEASED AIDEN	2. DATE Known Month	Doy Year Haur
(Type or Print) DOROTHY MINNICK	OF DEATH Estimated October	11,1968 3:50 p,M
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	3. DATE Month	Doy Year Hour
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) OR INSTITUTION		11,1968 3:50 p. _M
JOHNS HOPKINS HOSPITAL	5. USUAL RESIDENCE (Where deceased live A. STATE Maryland	B. COUNTY Har-ford C.
6. SEX 7. RACE 8. MARRIED NEVER MARRIED	C. CITY OR TOWN	D. INSIDE CITY LIMITS?
Female White WIDOWED DIVORCED	Bel <b>A</b> ir	YES 🗷 NO
9. DATE OF BIRTH 10. AGE (In years   If Under 1 Yr. If Under 24 Hrs.	E. STREET AND NUMBER	
July 23,1921 last birthday) 47 Manths, Days, Haurs, Min.	2001 Victory Lane	
11. BIRTHPLACE (State or foreign country)  12. CITIZEN OF WHAT COUNTRY?	13. FATHER'S NAME	
Harford Co, Maryland U.S.A.	John JAcob Mining	ck
14A.USUAL OCCUPATION (Give kind of wark) 148. KIND OF BUSINESS OR INDUSTR		
dane during mast of warking life, even if retired)  CIERK- Typist  Civil Service	BETHA MAE FTOWN	ers
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no ar unknown)((If yes, give wor or dates af service)  17. SOCIAL SECURITY NO.	18. INFORMANT(SISHET) 838-533	
No 216-18-3058	mrs. MAdeline m. izyder	BEI Hir MAMIND 21014
19. CAUSE OF DEA	TH	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
District on compliant purceils Overdos	e of Aspirin and Serax	
LEADING TO DEATH		Complicated
(This does not mean the mode of dying, e.g.,	ASCACONAGONINICE RIC	
heort foilure, asthenia, etc. It meons the disease, injury or complication which coused death.)		
by br	onchopneumonia	
ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING  DUE TO, OR	AS A CONSEQUENCE OF:	
RISE TO THE ABOVE CAUSE (A) STATING THE	AV A GOTTOLIGOLITEL GT.	
UNDERLYING CONDITION LAST. (C)		
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OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL		
DISEASE OR CONDITION GIVEN IN PART 1 (A).		
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		yes
Z22A. EXTERNAL CAUSE WAS 22B. PLACE OF INJURY (e.g., home, form, foctory, street, offi	in ar obout 22C. WHERE DID (If in Baltimor	re City, give exoct location)
UNDERLYING GOR CONTRIB.    hame, tarm, tactory, street, othing the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the	e bldg., etc.) INJURY OCCUR? 2001 Victory Lar	ne
22D. TIME (Month) (Doy) (Year) (Hour) 22E.INJURY OCCURRED	22F. HOW DID INJURY OCCU	
(APPROX.) Oct.11,1968 1:00 A.m. WHILE AT AT WORK	WHILE X Ingested overdos	se of aspirin and serax
23.	VORK A TINGESTEE OVELLOS	se of aspirin and serak
I certify that I held on Inquiry Inspection A	ond that on this basis,	death in my opinion
resulted from: Natural causes Accident Suici		ned monner
resulted from: Natural causes   Accident   30161	CHIEF MEDICAL EXAMINER	
ACTUAL X 2 2 1 1 1 1 1 1		DATE SIGNED
SIGNATURE MAY Continued M.	ASSISTANT MEDICAL EXAMINER	X.
EXAMINER'S Ronald N. Kornblum, M.D.	ASSOCIATE MEDICAL EXAMINER	Ocotber 12,1968
NAME (Type)  24A. BURIAL CREMATION,   24B. DATE   24C. NAME of CEMETERY	or CREMATORY 24D. LOCATION	(City, tawn, or county) (State)
REMOVAL (Specify)		
BuriAl Oct. 14,1968 BEI Hir MEmo	LIM CHUSENS DEI HIL	HANGORD CO MANJAND 21014

25C. FUNERAL DIRECTOR

Zit william Title

W. Broadway & Collians Sh

Joseph William Foster BEI Air mongary 21014

1274,82 645 Notice TON death what president of infrast Acres Berths from Plantons בלעים לשילב \$552-513 (www) 1638-523 T. State of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state TOTAL TOTAL STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE 87205-31-WE VINIS I walnut to product with last greatered later with last with last with last Winds Control by Annual College the state of the sale and the sale of

IMPORTANT

DIRECTOR:

FUNERAL

VS 150-REV. 1/1/68

12;30

NO

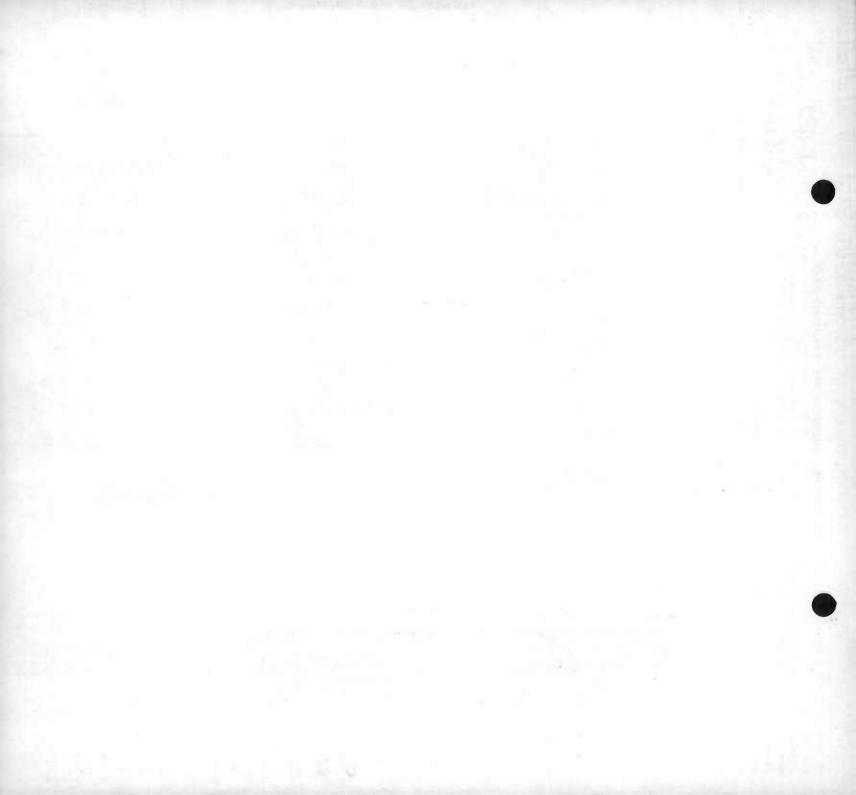
Hours

APPROXIMATE INTERVAL

BETWEEN ONSET AND DEATH

ADDRESS

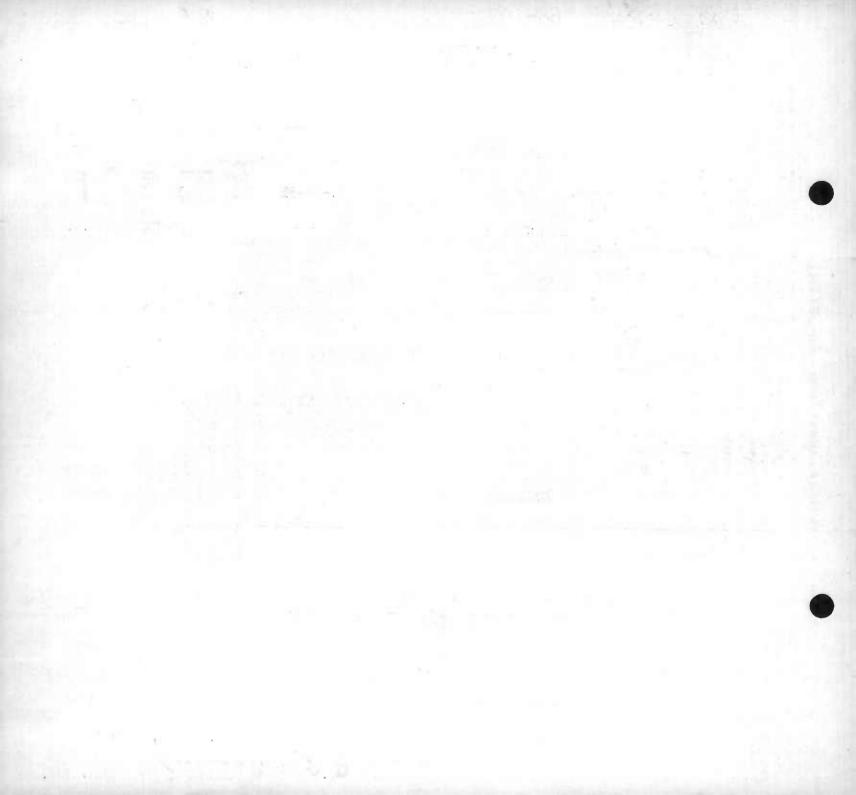
If Under 24 Hrs.



None value 7 27 00 O.F. Rowers Berkery CARCLAS Markey 15 21 - 144 17 ST AIXONA WILL E SULLEY VASTARIAZIN COROLAN HEHOMONES ON S PLETATORIT Sought a Judie P 100 80 ROUALD O. PEDETL SSON BROADLAY APT - WHITE

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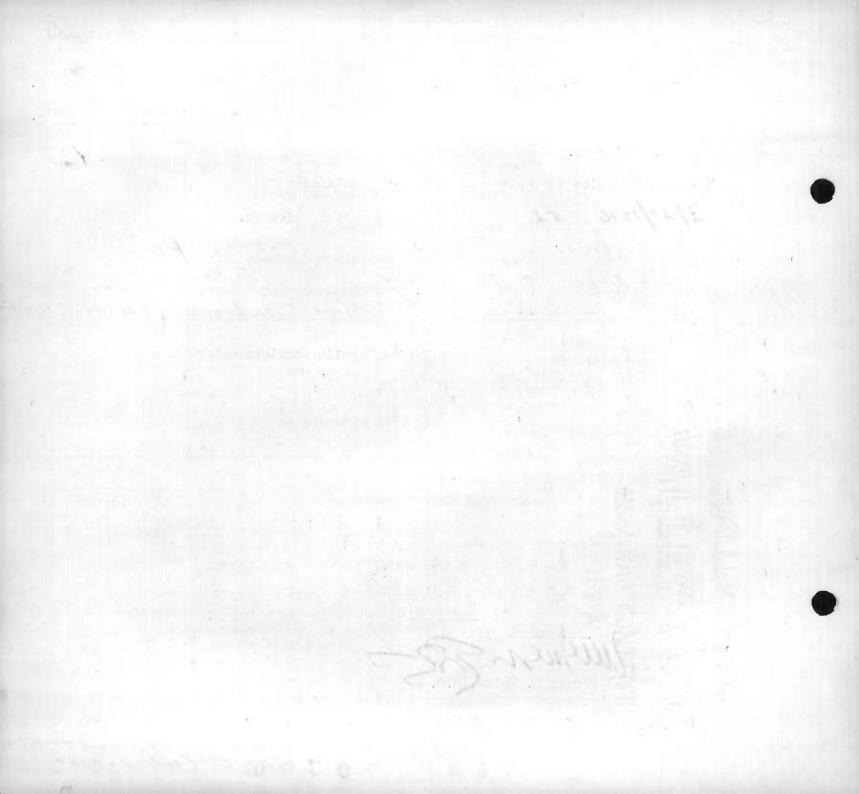


R-420 B-352 68-10389 BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

	-	6	8	rintern.	1	0	3	8	9
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BIRTH NO.							REG. NO		—
. NAME OF DECE	ASED	1		2. DATE	Known 🔼	Month	Doy	Yeor Hour	
(Type or Print) RITA	L. Pr.	ce (BUD	TNSKT )	OF DEATH	Estimated	Octobe	er 8, 19	968 3:00 A	A
	MORE, MARYLAND			3. DATE		Month	Doy	Yeor Hour	701.
FULL NAME OF	(IF NOT IN HOS	PITAL OR INSTITU	TION, GIVE STREET	PRONOUN	ICED DEAD	October	9 1069	3:00 A	A
HOSPITAL OR INSTITUTION	ÀDDRESS OR LO	CATION)		5 ISCITAL DEC	IDENICE (WA			esidence before odmission	
				A. STATE	IDEIACE (Muel	B.	COUNTY	esidence before odmission	1)
1625	Olive St.			Maryl	and			A MA	
6. SEX	7. RACE	B. MARRIED	NEVER MARRIED	C. CITY OR TO	OWN	D	. INSIDE CITY	LIMITS?	mio r
fema1e	white	WIDOWED	DIVORCED A	Balti	more		YES	X NO D	
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Y	1xpin12		WHAT COUNTRY?		1447	-vey	Pyl	c P	
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res, no or unknown)	If yes, give wor or do	es of service)	SECURITY NO.	1011-	TTR	edinsi	v: n	11/ Road. 11	1 5
110/			CAUSE OF DEA		0,00	(4/95/	1//	APPROXIMATE INTER	VAL.
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OTHER SIGNI	FICANT CONDITIONS								
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22A. EXTERN	IAL CAUSE WAS OR CONTRIB-	228 hor	PLACE OF INJURY (e.g., ne, form, foctory, street, office	in or obout 220	URY OCCUR?	(If in Boltimore	City, give exoct	locotion)	
UNDERLYING UTING CAL									
≥ 22D. TIME (/		'ear) (Hour)	22E.INJURY OCCURRED	22F	HOW DID IN	JURY OCCUR?	)		
(APPROX.)				WHILE					
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NAME (T)	WEITE	U. Spit	M.D.	ASSOC	IATE MEDICAL	EVAWIINEK [	_	20,0,00	
24A. BURIAL CREM			24C. NAME of CEMETERY	OF CREMATOR	Y 24D	LOCATION	(City, town, o	or county) (State)	
REMOVAL (Specify	1)	1.1		49				/	
Buriz		1/64	Holy Cros					17d,	
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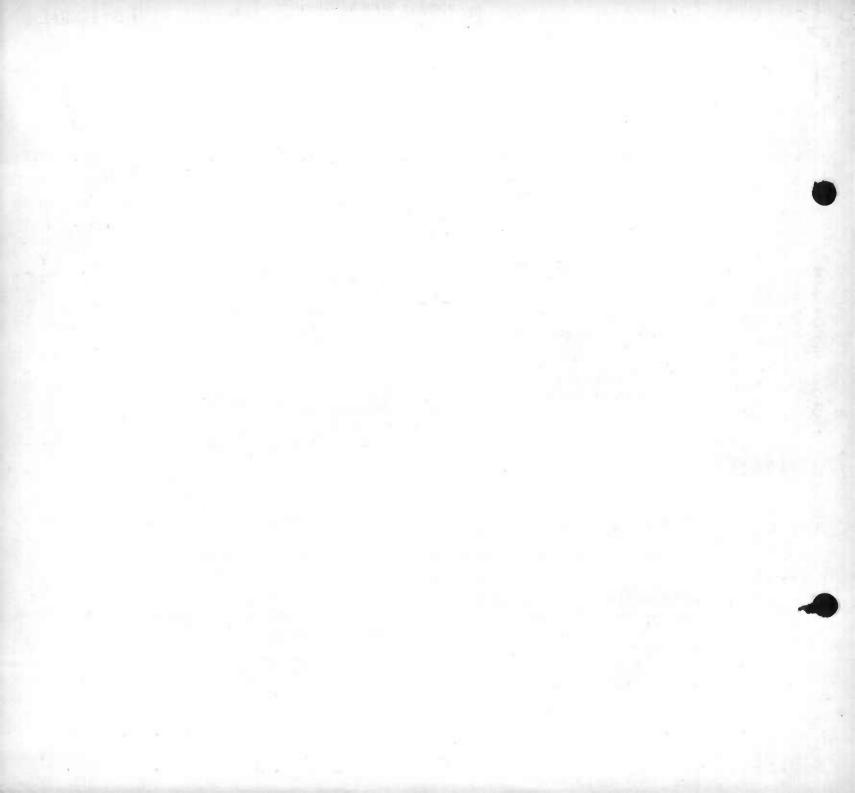


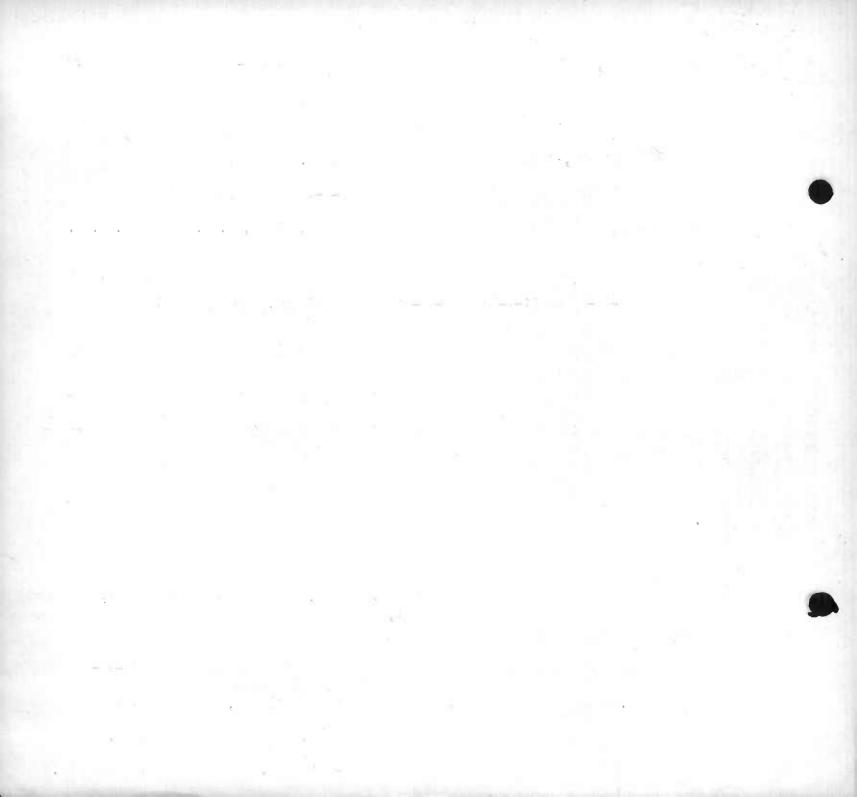
25A. DATE REC'D BY HEALTH DEPT.

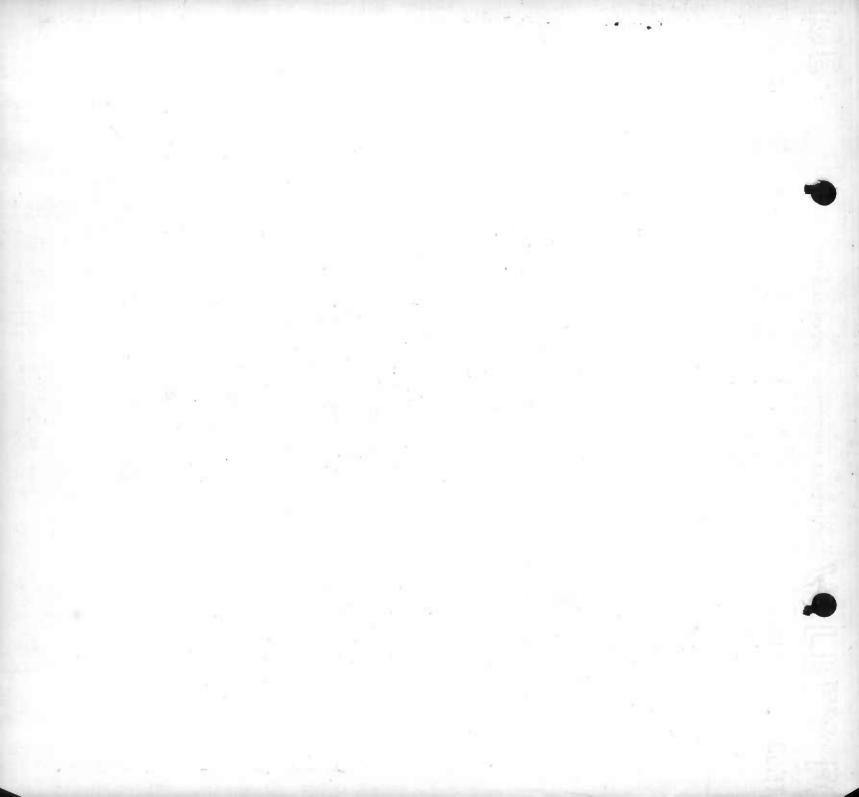
VS 150-REV. 1/1/68

the

BALTIMORE. ND. 21216 If Under 24 Hrs. If Under 1 Yr. Months Days Hours 12. CITIZEN OF WHAT COUNTRY? U.S.A. ADDRESS 4940 EASTERN BALTIMORE, MD. 21224 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If in Boltimore City, give exoct location) and that in (my) (aur) apinion death accurred on the date 23 B. DATE SIGNED 10-10-68 (City, town, or county) Baltimore, Co. ND. 25C. FUNERAL DIRECTOR 25B. NAME OF REGISTRAR North Ave.







IMPORTANT DIRECTOR: FUNERAL BIRTH NO.

VS 150-REV. 1/

I. NAME OF DECEASED

BALTIMORE CITY HEALTH DEPARTMENT 68-10394 REG. NO. CERTIFICATE OF DEATH 2. DATE AND HOUR OF DEATH 68 USUAL RESIDENCE (Where deceosed tived, if institution; residence before admission) If Under 1 Yr. Months: Doys If Under 24 Hrs. Hours 12. CITIZEN OF WHAT COUNTRY? U.S.A. ADDRESS Mr Mozell Armstrong 1900 Chelsea Road APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH audiovase diseas mys cardial mon. icritability 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If in Boltimore City, give exoct location) and that in (my) (our) apinion death accurred on the date 23 B. DATE SIGNED 68 10 (City, town, or county) South Carolina Natter 3035 W. North



40000	BALTIMORE CITY HEALTH DEPARTMENT	
-10395		

68-10395

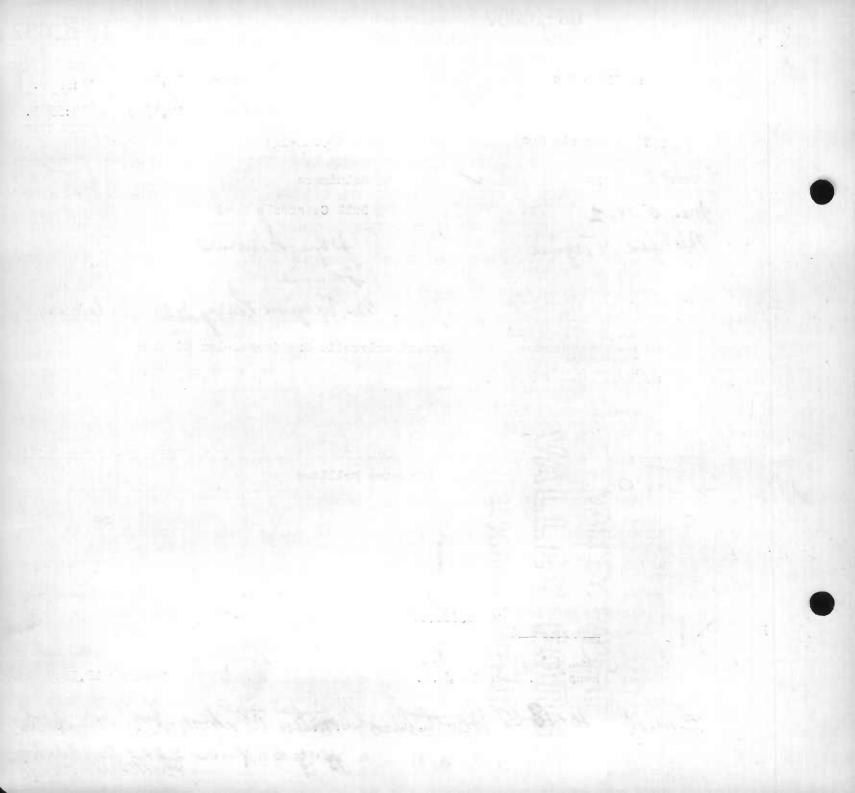
IRTH NO. NAME OF DECEA	Dunlap,	Sara	h Alma			JO MIL
ULL NAME OF	(IF NOT IN HOSPITA	L OR INSTIT	UTION, GIVE STREET	Maryland B. Coun	117	nstitution: residence befare odmissi
39	Provident 1514 Divi	Hosp Sion	ital, Inc.	Baltimore E. STREET AND NUMBER 2003 McCullo		YES NO NO
		7. MARRIED	NEVER MARRIED DIVORCED	8. DATE OF BIRTH 10/31/07	9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 H Months Doys Hours Min.
	Negro ATION (Give kind of work king life, even if retired)	108, KIND O	F BUSINESS OR INDUSTRY			12. CITIZEN OF WHAT COUNT
Elevator (		Depar	tment Store	14. MOTHER'S MAIDEN NA		U.J.A.
Amos I	er in U. S. Armed Forc	es?	1 6. SOCIAL	Annie Col	eman	ADDRESS
(es, no or unknown)	yes, give wor or dotes	of service)	209-20-2255	Mr. Richard	H.Coates	(Fr.) Same
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AUTOPSY? (Yes or Note of the bidg., INJURY OCCUR?  21F. HOW DID IN.  21F. HOW DID IN.  21F. 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IF YES, WERE IN CERTIFYING CA  (If in Boltimor  URY OCCUR?  Sed while  19 68 to Ox  nat in(my) (our) api	re City, give exect location)  Car.  getting into  1963  inian death occurred an the c



68-10397 baltimore city health department

MEDICAL	FXAMINER'S	CERTIFICATE	OF DEATH
MILDICAL	LV WINITED O	CLAIIICAIL	VI DLAIII

	CERTIFICATE OF DEATH REG. NO. 68-10397				
I. NAME OF DECEASED (Type or Print) MARY (, TOWNS	2. DATE Known Gof Death Estimoted Cotober 12,1968 P.M.				
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL ADDRESS OR LOCATION)	PRONOUNCED DEAD October 12,1968 Hour 10:55 P. M.				
O 3922 Cedardale Road	5. USUAL RESIDENCE (Where deceosed lived. If institution: residence before odmission)  A. STATE Maryland  B. COUNTY				
6. SEX Female Negro 8. MARRIED NEVER MARRIED WIDOWED DIVORCED	Baltimore D. INSIDE THY LIMITS?				
9. DATE OF BIRTH  10. AGE (In years If Under 1 Yr. If Under 24 Hrs. Doys Hours Months; Doys Hours Min.	3922 Cedardale Road				
11. BIRTHPLACE (State or foreign country)  12. CITIZEN OF WHAT COUNTRY?	John Semma				
14A. USUAL OCCUPATION (Give kind of work 14B. KIND OF BUSINESS OR INDUSTR done during most of working life, even if retired)	Januel				
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give wor or dotes of service)  19. CAUSE OF DEA	Mus. Virginia Perry 3922 Cedardele Pd.				
heart foilure, asthenia, etc. It means the disease, injury or complication which coused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (C)	AS A CONSEQUENCE OF:  AS A CONSEQUENCE OF:  es Mellitus				
	AS PERFORMED 21. AUTOPSY? (Yes or No)				
22A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIB.  UTING ☐ CAUSE OF DEATH.  22B. PLACE OF INJURY (e.g., home, form, foctory, street, office to the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the	In or obout 22C. WHERE DID (If in Boltimore City, give exoct location) ce bldg., etc.) INJURY OCCUR?				
OF INJURY WHILE AT NOT	Z2F. HOW DID INJURY OCCUR?				
	ond that an this basis, death in my opinion  de				



VS 150-REV. 1/1/6B



VS 150-REV. 1/1/65

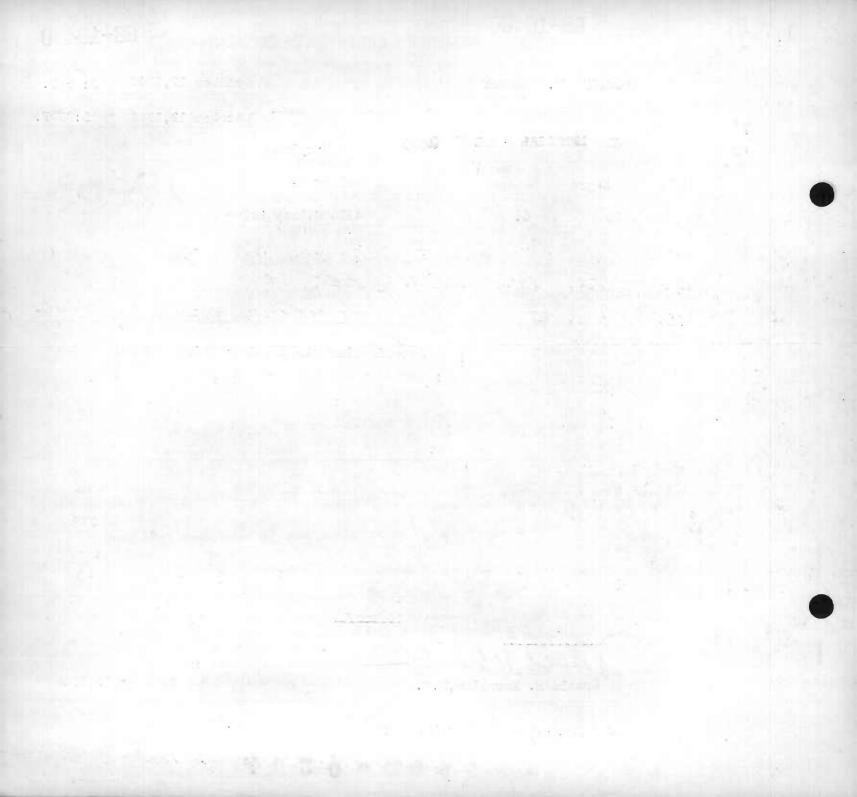


VS 151-REV. 1/1/6B

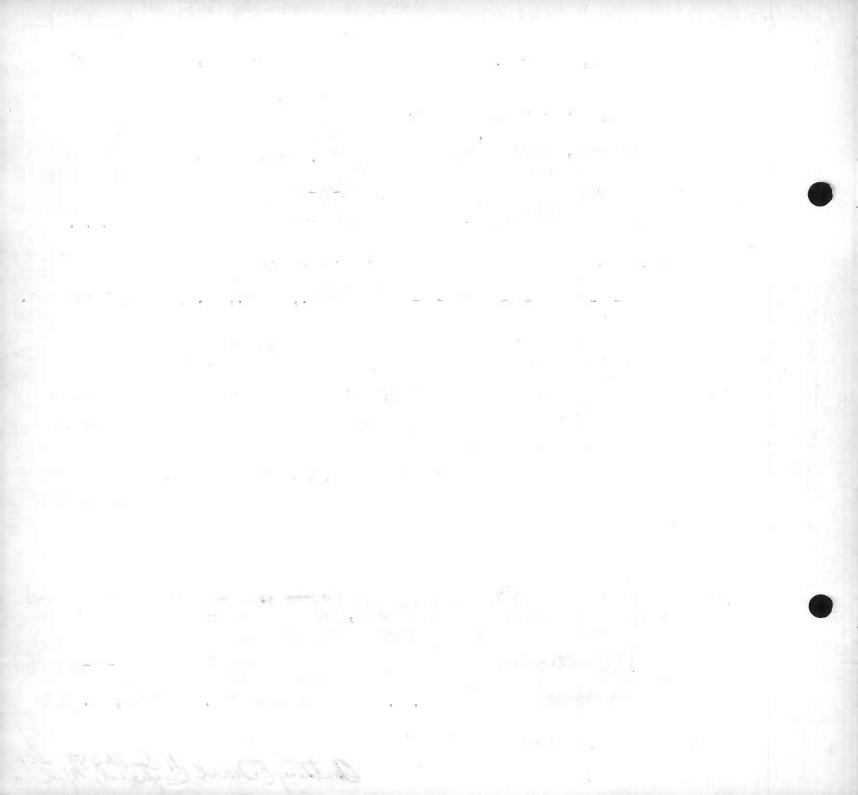
68-10400 BALTIMORE CITY HEALTH DEPARTMENT

00_T040	U		
MEDICAL	<b>EXAMINER'S</b>	CERTIFICATE	OF DEATH

		DICAL EXAM	MINER'S			DEATH	REG. NO.	58-10	1400
NAME OF DEC	EASED			2. DATE	Known 🔲	Month	Day	Year Ha	UT
Type or Print)	BENJAMIN F.	HARVEY		OF DEATH	Estimoted	October	12,1968	5:	09 P. M.
PLACE IN BAL	TIMORE, MARYLAND,			3. DATE	INICED DEAD	Month	Doy	Yeor Ho	
FULL NAME OF HOSPITAL DR INSTITUTION	ADDRESS OR LOC				INCED DEAD		12,1968		:09 Pe M.
	UNION MEMOR	TAL HOSPITAI	L (DOA)	A. STATE	Maryland	В.	COUNTY	/	
S. SEX	7. RACE	8. MARRIED NE	VER MARRIED	C. CITY OR		D	INSIDE CITY	LIMITS?	200
Male	Negro	WIDOWED	DIVORCED	Balti			YES	No	
DATE OF BIRT	H 10. AGE (lost birthd	oy) 66 It Under 1	Yr. If Under 24 Hrs. bys 1 Hours 1 Min.		ND NUMBER Gilray D:	rive	J~ /		-Ci2-121-1
1. BIRTHPLACE	tate or foreign country)	12. CITIZE	N OF COUNTRY?	13. FATHER	S NAME	. /			
n.c	- 1	0.3	, A,	Has	nes P.	Harve	4		
	PATION (Give kind of work working life, even if retired)		Product of a	Y 159 MOTHE	R'S MAIDEN NA	ME			
Craneo	PLIALO	Delperner		10 1015001	en?		ADDI	FEE	
	(If yes, give wor or dote:	s of service)	OCIAL ECURITY NO.	IB. INFORM	11	Va	24 Lil	10	Batto V
19.	1 40,00,0	1 11.	CAUSE OF DEA	1	sa/Arm	9-17	cy perc	7	MATE INTERVAL
410	3.4								DNSET AND DEATH
	E OR CONDITION DIRI LEADING TO DEATH	ECTLY			otic Card	iovascul	ar Disea	ase	
(This does n	ot mean the made of d		(A) IMMEDIATE O	AS A CONSEQ	UENCE OF:				
	, osthenio, etc. It meons th nplicotion which coused de								
Al	NTECEDENT CAUSES		(n)						
DISEASES	OR CONDITIONS, IF AN		(B)	AS A CONSE	QUENCE OF:				
UNDERLYIN	E ABOVE CAUSE (A) STA NG CONDITION LAST.	AIING THE	(c)						
Q 4 2 2	7. / II		(0)						
O THE DE	ATH BUT NOT RELATED TO	O THE TERMINAL							
20A. DATE OF	OPERATION 20B. CO		H OPERATION W	AS PERFORN	ED		2	AUTOPSY?	(Yes or No)
51								ye	S
	NAL CAUSE WAS	22B. PLACE home, form,	OF INJURY(e.g., foctory, street, offic	in or obout 2 te bldg., etc.)	2C. WHERE DID NJURY OCCUR?	(If in Boltimore	City, give exact le	ocotion)	
UTING ☐ CA ≥ 22D. TIME	USE OF DEATH. (Month) (Doy) (Yes	or) (Hour) 22E. <b>1NJ</b>	URY OCCURRED	12	2F. HOW DID IN	IIIIBA UCCIIB	)		
OF INJURY (APPROX.)	(101111)	WHILE A	TON NOT	WHILE VORK		JOHN GOODK			
23.	ify that I held an	Inquiry Insp	pection Au	topsy K	ond that on t	his bosis, de	oth in my op	inion	
	ted from: Natural co				micide 🗌	Undetermine			
	7	1 1/	10		CHIEF MEDICAL				
ACTUAL	In I look	d UKC	W.E	ASSI	STANT MEDICAL	EXAMINER 5		DAT	E SIGNED
SIGNATI EXAMIN NAME (1	ER'S Ronald	N. Kornblum			CIATE MEDICAL	EXAMINER [	Octob	er 13,1	.968
24A. BURIAL CRE	MATION, 24B. DATE	24C. NA	ME of CEMETERY	ar CREMATO	RY 24D.	LOCATION	(City, town, o	r county)	(Stote)
REMOVAL (Speci	(v) 0 1 1 1 1	2/10 Am	Ato. WA	Times	2 /	meta.	rud-		
25A. DATE REC'D	BY HEALTH DEPT.	25B. NAME OF RI	EGISTRAR	25C. I	UNERAL DIRECT	OR	ADD	RESS	
	DOT 1 K 1004	0000	In A. MA	- 11/	n A Chai	Excess In	-1701	me Co	alloh St
	861 T 9 1200	Winds OF	Markey	7 FUY	11/11/11	1		1 1	7 1/1 /



	6	8-1040	1 BALTIMORE CITY			REG NO.	6	8-10401
BIRTH NO.			CERTIFICA	TE OF DE	EATH	KEG 190.		0 10101
1. NAME OF DE	CALE, Linwo	ood A.	1000			r 10, 1968		5:30 A
S. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD  FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION) INSTITUTION Veterans Administration Hospital			4. USUAL RESIDENCE (Where deceosed lived. If institution: residence before odmission)  A. STATE B. COUNTY  Maryland, Somerset  C. CITY OR TOWN  Crisfield  E. STREET AND NUMBER  198 N. Fourth Street					
3900 Loch Raven Blvd. Baltimore, Maryland 21218								
5. SEX								
Male	6. RACE Negro		NEVER MARRIED	12-22-19	O los	AGE (In years t birthday)	Months	eil Yi. If Under 24 His. Doys Hours Min.
		WID OWED					112 CIT	IZEN OF WHAT COUNTRY
Labore:	A. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY ne during most of working life, even if retired)  Laborer Unknown		Maryland	_	ood.my,	12. 611	U.S.A.	
3. FATHER'S N.	AME			14. MOTHER'S A	MAIDEN NAME			
Sherman	n Gale			Edith De	ennis			
5. Was Decease	ed Ever in U. S. Armed Fo	es of service)	1 6. SOCIAL	17. INFORMANT				ADDRESS
Yes	5-27-42 to	1-19-46	217-07-2932	VA Hosp.	, Balto.	, Md. 3900	O Lock	Raven Blvd.
(This does	ASE OR CONDITION DI LEADING TO DEATH nol meon lhe mode of a, osthenio, etc. Il meons	f dying, e.g.,	(A) IMMEDIATE CAU	Acute 1	Heart Fa	ilure		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
injury or co	ANTECEDENT CAUSES  OR CONDITIONS, if	d deoth,)	(B) DUE TO, OR AS	ic cardion	myopathy			Months
rise to t	the obove couse (A)		(c) Alcohol:	i.Sm				Months
TO THE DE	II  IIIFICANT CONDITIONS COATH BUT NOT RELATED TO CONDITION GIVEN IN PA	THE TERMINAL	Tuberculo	sis Perit	onitis b	y History		
	OF OPERATION 198. COM		VHICH OPERATION		Y? (Yes or No)	20B. IF YES, WERE IN CERTIFYING CA	FINDING	CONSIDERED
OR CONTRI	BUTING CAUSE OF		PLACE OF INJURY (e.g., i e, form, factory, street, of	n or obout 21 C. WI fice bldg., INJURY	HERE DID	(If in Boltimo	re City, gi	ve exoct locotion)
21D. TIME OF INJURY (APPROX.)	(Month) (Doy) (Yeor)		INJURY OCCURRED  le At Not While k At Work	e $\square$	OW DID INJUR	Y OCCUR?		
	y that X() (this haspita e) last saw the deceas					68 to Octo		19 68 19 date on the date
	nd from the causes sta	ited abave. 💃						
23A. SIGNAT	be licely	OCA	Au	nding 🗀 Mo	ed. 🗀 Sh	-# C97		TE SIGNED
22 Puvere	9000	70	DEGREE Phys	s. Di	rector Ph	ys.	10	0-10-68
23C. PHYSIC	Elmo Gayaso			3900 Loch	Rawan D	lud. Rel+	mone	Md. 21218
24A. BURIAL CE	REMATION, 124B. DATE	24C. NA	ME of CEMETERY OF CRE		24D. LOC		ity, town,	
BUCIA 25A. DATE REC	DIN HEALTH DEPT	RSB. NAME C	WES/EY	25C. FUNERA	WE.	SEY	0	ADDRESS IL
	4 7 19 13 P.S.	Polkubo	E. Stablen ?	Dutte	2,00	and de	Soul	I ma
VS 150-REV. 1/1	/68				10-		1	1



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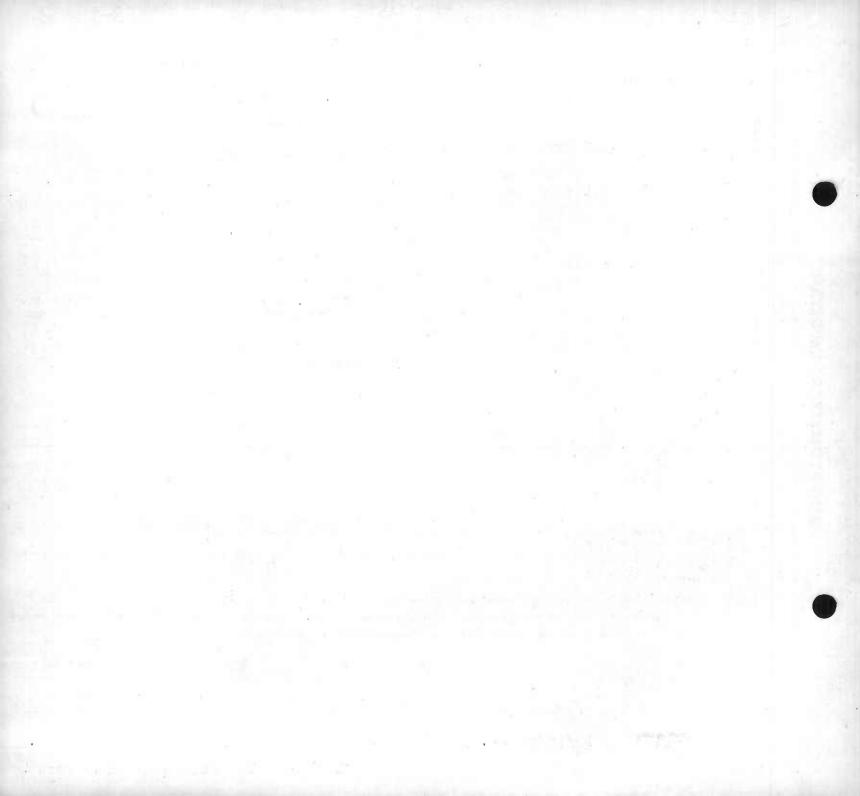
a hospital and

68-10402 CERTIFICATE OF DEATH

REG. NO.	68-	10402

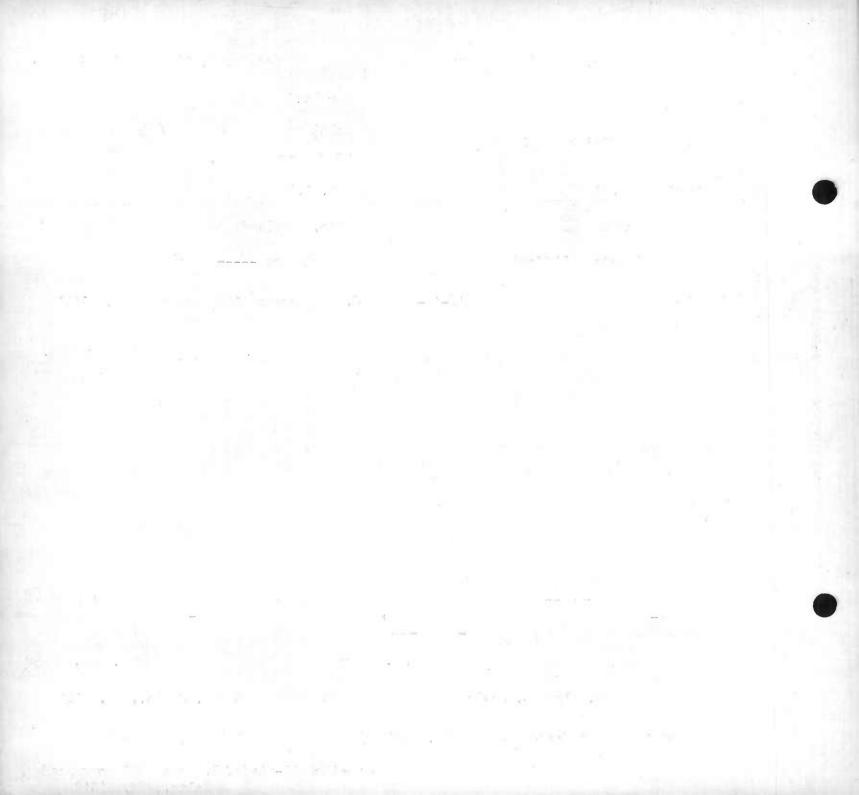
			2. DATE A	ND HOUR OF DEATH	1/20	
Type or Print) Euge	enia Jenki	ins	October 12, 1968			
PLACE IN BALTIMORE, MARY	LAND, WHERE PRONO	UNCED DEAD	4. USUAL RESIDENCE (Who	ere deceased lived. If ins	stitution: residence before asmission	
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) INSTITUTION			ltimore D. SSA	DE CITY AMITS? NO NO		
6302	Greensprin	ng Ave	6302 Green	spring Ave		
SEX 6. RACE	7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. , If Under 24 Hrs	
Female Whit	e WIDOWED	DIVORCED [	10 8 1903	lost birthdoy)	Months Doys Hours Min.	
MA. USUAL OCCUPATION (Give k one during most of working life, even Homemaker		F BUSINESS OR INDUSTRY	Baltimore, I		12. CITIZEN OF WHAT COUNTR	
13. FATHER'S NAME			14. MOTHER'S MAIDEN NA			
Howard Tuni	S		Fayetta W	illson		
5. Was Deceased Ever in U. S. / es,no or unknown! (If yes, give w	Armed Forces?	1 6. SOCIAL	17. INFORMANT		ADDRESS	
os, or or or or or or or or or or or or or	of doles of scivice/	SECURITY NO.	Mary E. Jen	kins 6302 (	Greenspring Ave	
heart failure, asthenia, etc. injury or complication which ANTECEDENT	h coused deoth.)	(p)				
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rise to the obove cou	use (A) slotting the lost.  I lost.  IONS CONTRIBUTING ATED TO THE TERMINAL		S A CONSEQUENCE OF:			
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VS 150-REV. 1/1/68

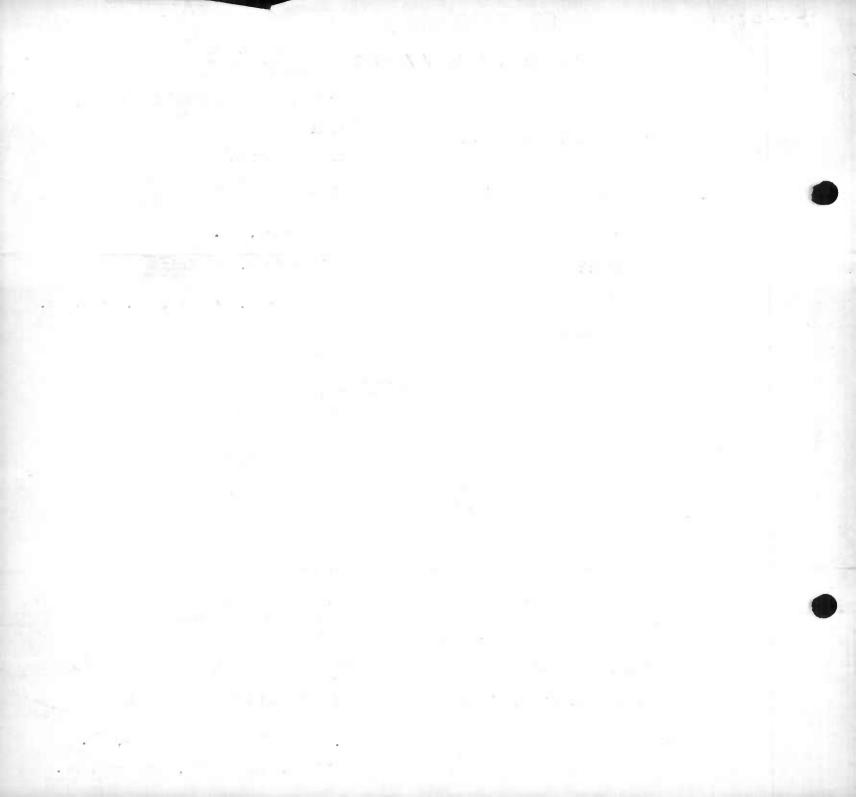


Balto. Md. 21212

VS 150-REV. 1/1/6B



	BALTIMORE CITY	HEALTH DEPARTM	
BIRTH NO.	8-10404 CERTIFICA	TE OF DEATH Registered N	·· 68-10404
M.E. CASE NO.		2, DATE AND HOUR OF DEAT	OO TOTOT
(Type or Print) Picke	tt, William //5. Do	nald 10/11/68	8:20 a. _M
3. PLACE OF DEATH IN BALTIMORE, MA	RYLAND	4. USUAL RESIDENCE Where deceased lived. II A. STATE B. COUNTY	institution; residence before admission)
HOSPITAL OR oddress or locotio	ar institution, give street	Maryland Freder	
INSTITUTION		Mt. Airy	
The Johns Hopkins	Hospital	D. STREET ADDRESS (If rurol, give location)	
3.3		Rt. #1, Box 352	
5. SEX 6. RACE W	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify) Married	B. DATE OF BIRTH  3-30-20  9, AGE (In years lost birthday)  48	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
10A. USUAL OCCUPATION (Give kind of work	1	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF
done during most of working lite, even il retired)		T	WHAT COUNTRY?
Carpenter 13. FATHERS NAME		Long Corner, Md.	USA
Harry Pickett		Florrie E. Mullin:	
15. Was Deceased Ever in U. S. Armed For (Yes, no arunknown) (If yes, give war or date	rces? 16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
No		Mrs Louise V. Picket	t, Mt. Airy, Md.
18. 2 2 9 9	CAUSE	PF DEATH	INTERVAL BETWEEN
DISEASE OR CONDITION DI	RECTLY	$\sim 0.0$	ONSET AND DEATH
LEADING TO DEATH	(A) (M	de less- arest	
(This daes not mean the made of heart failure, asthenia, etc. It means		- 1	1
injury ar camplication which caused		LASER Massus 10	mochene
ANTECEDENT CAUSES	(B)	3-15-5W	
DISEASES OR CONDITIONS, if		1 · · · D	B
rise to the above cause (A)	stating the (C)	muchon Inlino	nico
UNDERLYING CONDITION last.			
OTHER SIGNIFICANT CONDITIONS OF TO THE DEATH BUT NOT REL	CONTRIBUTING Bronche P	lemal fertula, com	d
A DISEASE OF COMPLION CARRIED	IDITION FOR WHICH OPERATION	0/	RE FINDINGS CONSIDERED
19A. DATE OF OPERATION 19B. CONWAS PER		IN CERTIFYING	CAUSES OF DEATH?
21A. ACCIDENT WAS UNDERLYING	218 PLACE OF INLUBY CO.	in or about 21 C. WHERE DID. (If in Boltin	nore City, give exoct location)
OR CONTRIBUTING CAUSE OF	21B. PLACE OF INJURY (e.g., home, form, foctory, street, etc.)	office bldg., INJURY OCCUR?	note City, give exoct locolloni
0	NA	11/1	
OF INJURY		21F. HOW DID INJURY OCCUR?	
(APPROX.)	While At Not Whi Work At Work		
22. I certify that (1) Whis hospita	ttended the deceased from	9/3 1968 to	10/11 1968
that (I) we last saw the decease	10/11	19 68 and that in(my) (aur)	polition death accurred on the date
			gg, dodni deconied dii ine ddie
23A. SIGNATULE	ted abave. (1) (We) (did) (did nat)	view the bady after death.	23B, DATE SIGNED
1 /2 /2	are m. D M.D. AH	ending Med. Staff	10/11/10
alley - o	Phy	rs. Director Phys.	10/1/168
23C, PHYSICIAN'S NAME (Type)	,	23D. ADDRESS	
Carey P. Pa	ge, M.D. M.D.	The Johns Hopkins Hos	pital
24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify)	24C. NAME of CEMETERY OF CR	EMATORY 24D. LOCATION	(City, town, or county) (State)
	68 Horand Observa	0 4 0 1	C. mnon Md
Burial 10/14/ 25A. DATE REC'D BY HEALTH DEPT.	68   Howard Chapel	25C. FUNERAL DIRECTOR	Corner, Md.
9CT 1 5 1958	R. D. St. E. Storbeuma	Olin L. Molesworth,	
VS 150-RFV. 1/1/65	The same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the sa	OTALI D. HOTEBAOLUII,	Danastas, Inc.



68-10405 No IT If Under 1 Yr. If Under 24 Hrs. Hours 12. CITIZEN OF WHAT COUNTRY? USA ADDRESS APPROXIMATE INTERVAL

BETWEEN ONSET AND DEATH Sudden

20A. AUTOPSY? (Yes or No.) 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH

(If In Boltimore City, give exact location)

19 68 ond that in (my) (XXX) opinion death occurred on the date

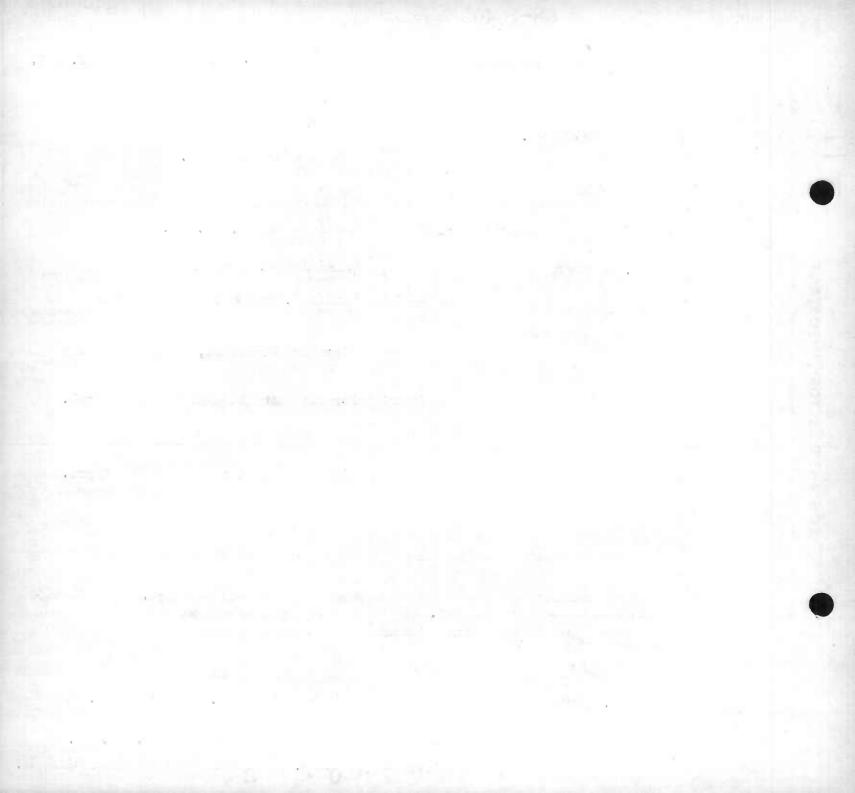
> 238, DATE SIGNED 10/14/68

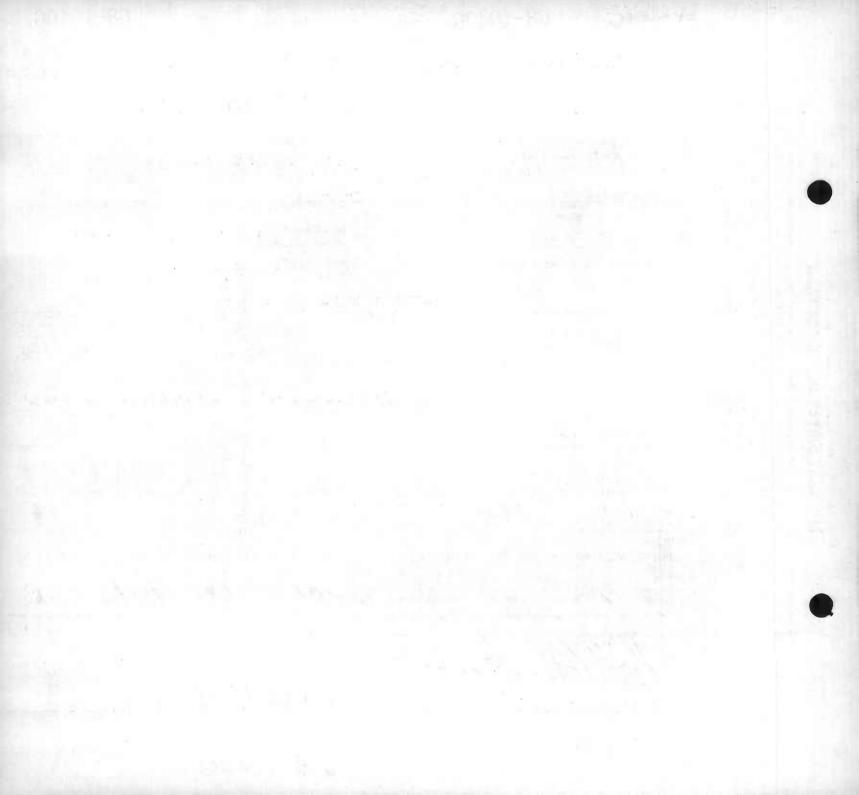
Mallow Hill Ave. Baltimore Md. 21229

Woodlawn Balto. Co. Md.

VS 150-REV. 1/176

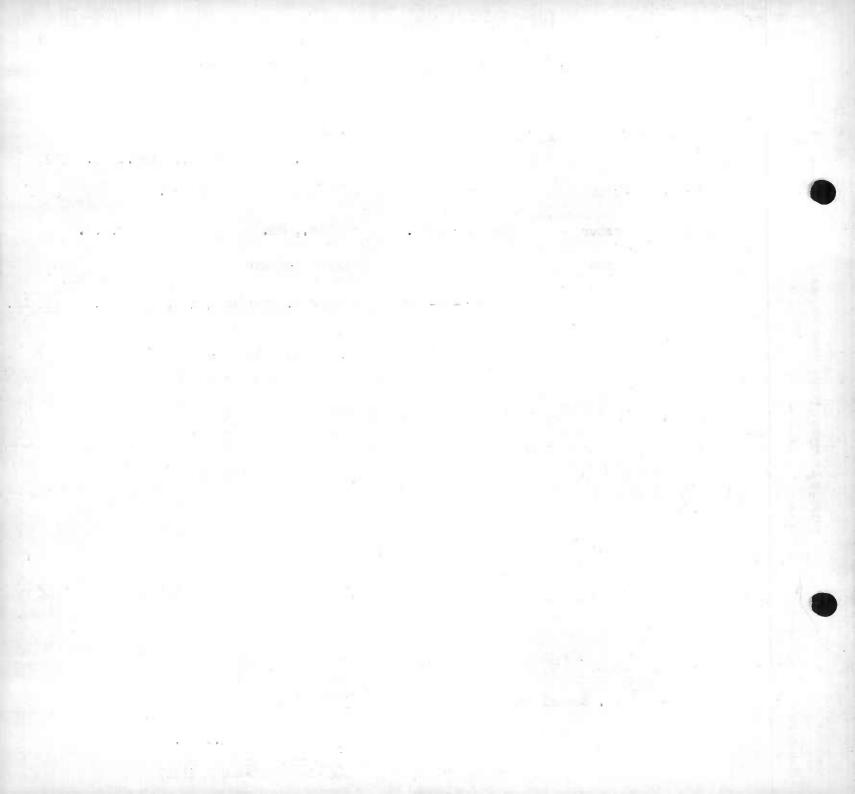
Stansbury 6411 Windsor Mill Rd.

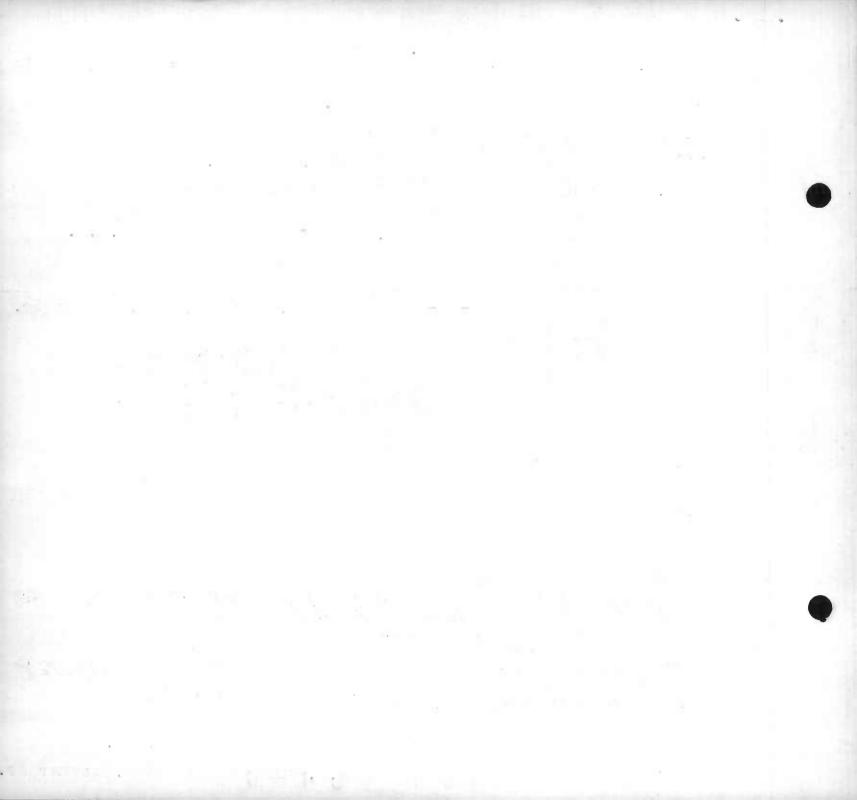




VS 150-REV. 1/1/68

	AME OF DEC		3-10407 CERTIFICA	2. DATE AND HO	OUR OF DEATH	
	e or Print)		OTTIE ELIZABETH		10, 1968	
3. P	LACE IN BAL		HERE PRONOUNCED DEAD		cosed lived. If institution; residence before admiss	
FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)  3 Johns Hopkins Hespital				Maryland C. CITY OR TOWN Baltimore E. STREET AND NUMBER		
s. sı	emale	6. RACE white	7- MARRIED NEVER MARRIED WIDOWED 2 DIVORCED	B. DATE OF BIRTH 19. AG	If Under 1 Yr. If Under 24 Months Doys Hours Mir	
done	during most of	working life, even if retired)	10B, KIND OF BUSINESS OR INDUSTR			
	FATHER'S NA	perator	Swann Shoe Co.	Balto., Md.	U.S.A.	
	lward Da			Edith McNeave		
1S. V (Yes,	Nos Deceoses , no or unknown	(If yes, give wor or dote	es of service) SECURITY NO.	17. INFORMANT	ADDRESS 21222	
	no		215-22-8938		rt, son, 7906 St. Brigid	
	DISEASES	ANTECEDENT CAUSES OR CONDITIONS, if the obave couse (A)	ony, giving (B).  DUE TO, OR A	AS A CONSEQUENCE OF:		
z	DISEASES of the UNDERLYIN	OR CONDITIONS, if the obave couse (A) G CONDITION last.	ony, giving DUE TO, OR A	AS A CONSEQUENCE OF:		
ATION	DISEASES (ise to the UNDERLYIN)  OTHER SIGNII TO THE DEAD DISEASE OR C	OR CONDITIONS, if ne obave couse (A) G CONDITION last.        FICANT CONDITIONS CO TH 8UT NOT RELATED TO T CONDITION GIVEN IN PAR F OPERATION 198. CON	ony, giving DUE TO, OR A Stoting the (C)	[20 A. AUTOPSY? (Yes of No)] 208	3. IF YES, WERE FINDINGS CONSIDERED	
ERTIFICATION	DISEASES (15se to the UNDERLYIN)  TO THER SIGNII TO THE DEADISEASE OR CO. 19 A. DATE OF	OR CONDITIONS, if the obave couse (A) G CONDITION last,  II FICANT CONDITIONS CO TH 8UT NOT RELATED TO TO CONDITION GIVEN IN PAR F OPERATION 198. CON WAS PER	ony, giving DUE TO, OR A stoting the  (C)	20 A. AUTOPSY? (Yes of No.) 20 B IN	3. IF YES, WERE FINDINGS CONSIDERED CERTIFYING CAUSES OF DEATH?  (If in Boltimore City, give exact location)	
L CERTIFICATION	DISEASES OF THE SIGNITO THE DEAD DISEASE OF CONTRIBUTE OF	OR CONDITIONS, if ne obave couse (A) G CONDITION last.        FICANT CONDITIONS CO TH 8UT NOT RELATED TO T CONDITION GIVEN IN PAR F OPERATION 198. CON	ony, giving DUE TO, OR A stoting the  (C)	[20 A. AUTOPSY? (Yes of No)] 208	CERTIFYING CAUSES OF DEATH?	
AEDICAL CERTIFICATION	DISEASES OF THE SIGNITO THE DEAD DISEASE OF CONTRIBUTE OF	OR CONDITIONS, if the obave couse (A) G CONDITION last.  FICANT CONDITIONS CO TH 8UT NOT RELATED TO TO CONDITION GIVEN IN PROPERATION 198 PARK OF OPERATION 198 PARK OF OPERATION 198 CON WAS PER  NT WAS UNDERLYING CAUSE OF	Ony, giving DUE TO, OR A Stoting the (C)	20 A. AUTOPSY? (Yes of No.) 20 B IN , in of obout office bidg., INJURY OCCUR?	(If in Boltimore City, give exact location)	
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## 68-10411 BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

-68	3-	1	0	4	1	1

BIRTH NO.	REG. NO.
1. NAME OF DECEASED	2. DATE Knawn Manth Day Year Hour
(Type or Print) BUFORD JAMES	OF DEATH Estimoted October 13,1968 7:05 A. M.
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	3. DATE Month Doy Yeor Hour
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) OR INSTITUTION	PRONOUNCED DEAD October 13,1968 7:05 A. M.
7 West Preston Street Apt.2	S. USUAL RESIDENCE (Where deceosed lived. If institution: residence before odmission)  A. STATE Maryland B. COUNTY
6. SEX 7. RACE B. MARRIED NEVER MARRIED	C. CITY OR TOWN D. INSIDE CITY LIMITS
Male White WIDOWED □ DIVORCED □	Baltimore YES NO NO
9. DATE OF BIRTH  Mar. 25, 58 36  10. AGE (In years lost birthdoy) ?  32  If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.	7 West Preston Street - Apt. 2
Dante, Va.  12. CITIZEN OF  WHATCOUNTRY?	Wallace James
14A.USUAL OCCUPATION (Give kind of work) done during most of working life, even if retired) Mechanic	Y 15. MOTHER'S MAIDEN NAME Ruby Dickson
16. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. SOCIAL	18. INFORMANT ADDRESS
(Yes, no or unknown) (If yes, give wor or dotes of service) 231 38 807	
19. 9 / 0 19 CAUSE OF DEA	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY Drownin	g
LEADING TO DEATH  (This does not meen the mode of dying, e.g.,  (A) IMMEDIATE  DUE TO OR	
heart failure, asthento, etc. it means the disease, injury or complication which coused death.)	AS A CONSEQUENCE OF:
ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING  (B)  DUE TO, OR	AS A CONSEQUENCE OF:
RISE TO THE ABOVE CAUSE (A) STATING THE	AV A CONCEQUENCE OF.
UNDERLYING CONDITION LAST. (C)	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).  20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W	r malformation of Brain
20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W	/AS PERFORMED 21. AUTOPSY? (Yes or No)
0 2	yes
22A. EXTERNAL CAUSE WAS 22B.PLACE OF INJURY (e.g.	, in or obout 22C. WHERE DID (If in Boltimore City, give exoct location) ce bldg., etc.) INJURY OCCUR?
0 8	Bath Tub
22D. TIME (Month) (Doy) (Yeor) (Hour) 22E. INJURY OCCURRED	22F. HOW DID INJURY OCCUR?
OF INJURY (APPROX.) Oct. ???, 1968 ?? m. WHILE AT ON AT	WORK Drowned in bathtub
23.	
	utopsy ond that on this bosis, death in my opinion
resulted from: Natural couses Accident X Suici	de _ Homicide _ Undetermined monner _
ACTUAL X7 00111/11	CHIEF MEDICAL EXAMINER DATE SIGNED
SIGNATURE CINE MI / COUNT M.	
EXAMINER'S Ronald N. Kornblum, M.D. NAME (Type)	ASSOCIATE MEDICAL EXAMINER U October 13,1968
24A. BURIAL CREMATION, 24B. DATE 16 24C. NAME of CEMETERY	or CREMATORY 24D. LOCATION (City, town, or county) (Stote)
Burial Oct. 25,69 Tempel Hi	11 25C. FUNERAL DIRECTOR Gastlewood ADDRESS
25A. DATE REC'D BY HEALTH DEPT.   25B. NAME OF REGISTRAR	
UCI 15 1968 Of Souts E stantours	Wm. Cook-Brooks Towson, Towson, Md.
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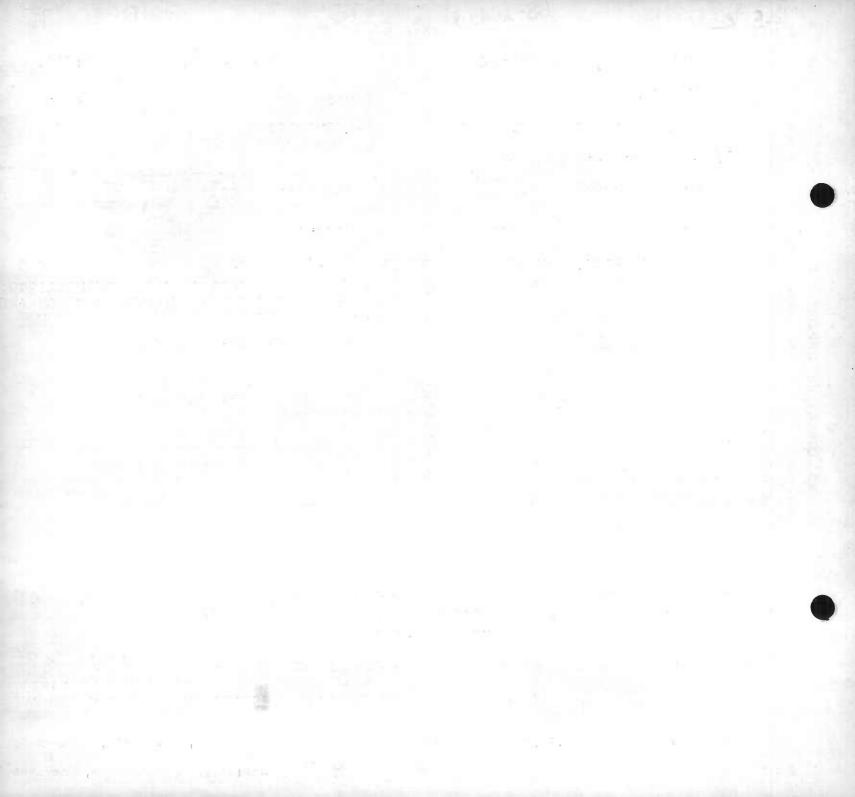
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FUNERAL DIRECTOR:

BALTIMORE CITY HEALTH DEPARTMENT



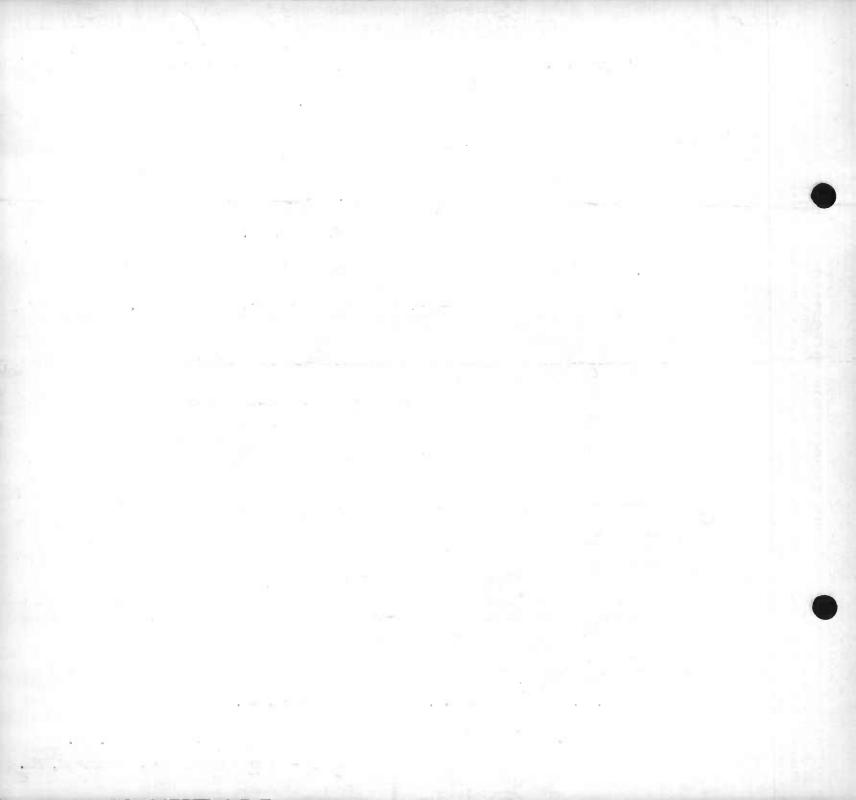
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VS 151-REV. 1/1/6B

## 68-10416 baltimore city health department

MEDICAL EXAMINER'S	S CERTIFICATE OF DEATH REG. NO. 68-10416
BIRTH NO.	100,110
NAME OF DECEASED MAMIE DOWNS CAMPBELL	OF DEATH Estimoted October 12,1968 Year 4:35 A.M.
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL ADDRESS OR LOCATION) OR INSTITUTION	3. DATE Month Doy Year Hour PRONOUNCED DEAD Ocotber 12,1968 4:35 A.M.
0 0 414 N. Pine Street	5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)  A. STATE Maryland  B. COUNTY
6. SEX   7. RACE   8. MARRIED □ NEVER MARRIED   Female   Negro   WIDOWED ☑ DIVORCED	Raltimoro
March 10/93  10. AGE (In years If Under 1 Yr. If Under 24)  Months, Days, Hours In Months, Days, Hours	Hrs. E. STREET AND NUMBER  414 N. Pine Street
11. BIRTHPLACE (State or foreign country)  Balto • Md •   12. CITIZEN OF WHAT COUNTRY?	13. FATHER'S NAME HOTACE DOWNS
4A.USUAL OCCUPATION (Give kind of work   14B. KIND OF BUSINESS OR INDU- lone during most of working life, even if retired)  DOMOSTIC	STRY 15. MOTHER'S MAIDEN NAME Margaret ?
6. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no or unknown)(If yes, give war or dates of service) 7. SECURITY NO.	1B. INFORMANT ADDRESS
Yes, no ar unknown) (If yes, give war or dates of service) 212-20-8	335 Horace Downs 1106 Clay St.
19. CAUSE OF I	
UNDERLYING CONDITION LAST. (C)	OR AS A CONSEQUENCE OF:
TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).  20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION	N WAS PERFORMED 21. AUTOPSY? (Yes or No)
	no
22A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIB- UTING ☐ CAUSE OF DEATH.  22B. PLACE OF INJURY(Indicated the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the	e.g., in ar obaut 22C. WHERE DID (If in Baltimare City, give exact location) affice bldg., etc.) INJURY OCCUR?
22D. TIME (Month) (Doy) (Yeor) (Hour) 22E.INJURY OCCURR OF INJURY (APPROX)	RED 22F. HOW DID INJURY OCCUR?  NOT WHILE AT WORK
I certify that I held on Inquiry Inspection K  resulted from: Natural causes Accident Su  ACTUAL SIGNATURE EXAMINER'S, Ronald N. Kornblum, M.D. NAME (Type)	Autapsy and that an this basis, death in my apinion  picide Hamicide Undetermined manner  CHIEF MEDICAL EXAMINER DATE SIGNED  ASSISTANT MEDICAL EXAMINER ASSOCIATE MEDICAL EXAMINER October 12,1968
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMENT PREMOVAL (Specify)  Burial Oct. 15, 1968	THE COMMENT 24D LOCATION (City, toyo) or county (State)
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	25C. FUNEDAL DIRECTOR OF HOME 319 MARAGE

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BALTIMORE CITY HEALTH DEPARTMENT

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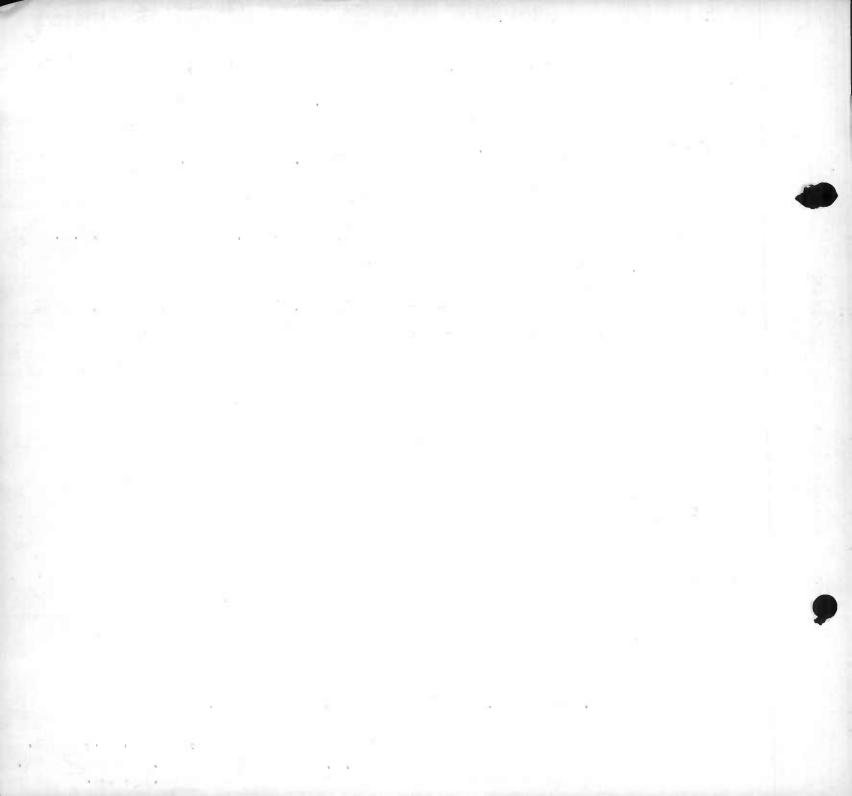
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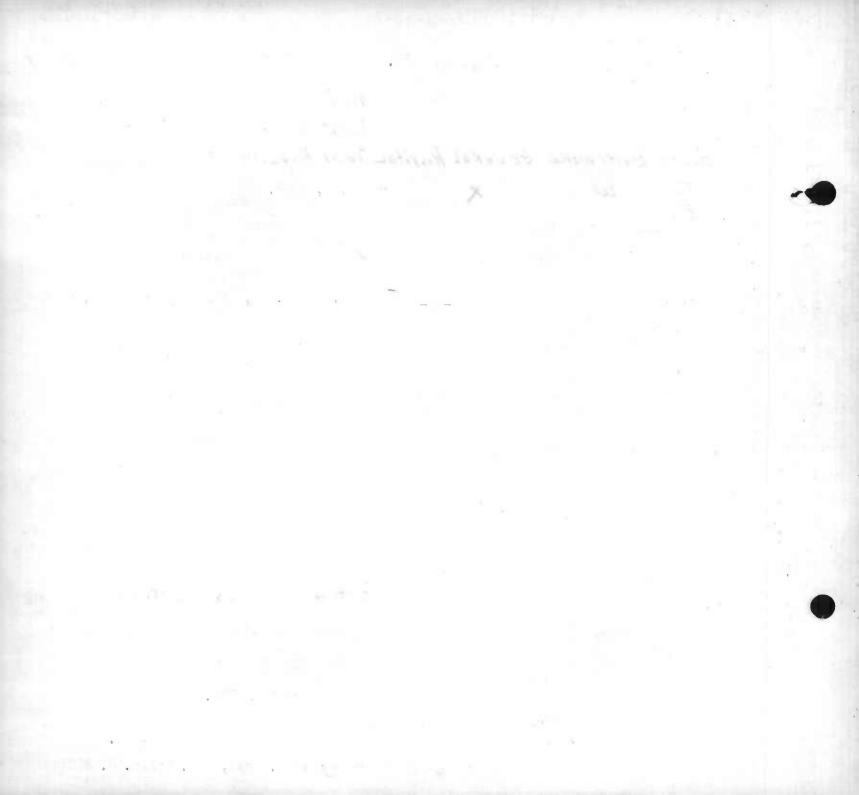
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D INSIDE CITY LIMITS? If Under 1 Yr. If Under 24 Hrs. Months Doys 12. CITIZEN OF WHAT COUNTRY? USA Katherine Pocock ADDRES5 Mr. Jon L. Ey, 6214 Fair Oaks Ave. 21214 BETWEEN ONSET AND DEATH 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If in Boltimore City, give exact location) and that In(my) (aur) apinion death accurred on the date 0 4:D South Balto. General Hospital (City, town, or county) Baltimore, Md. Leonard J. Ruck, Inc. Balto Md. 21214



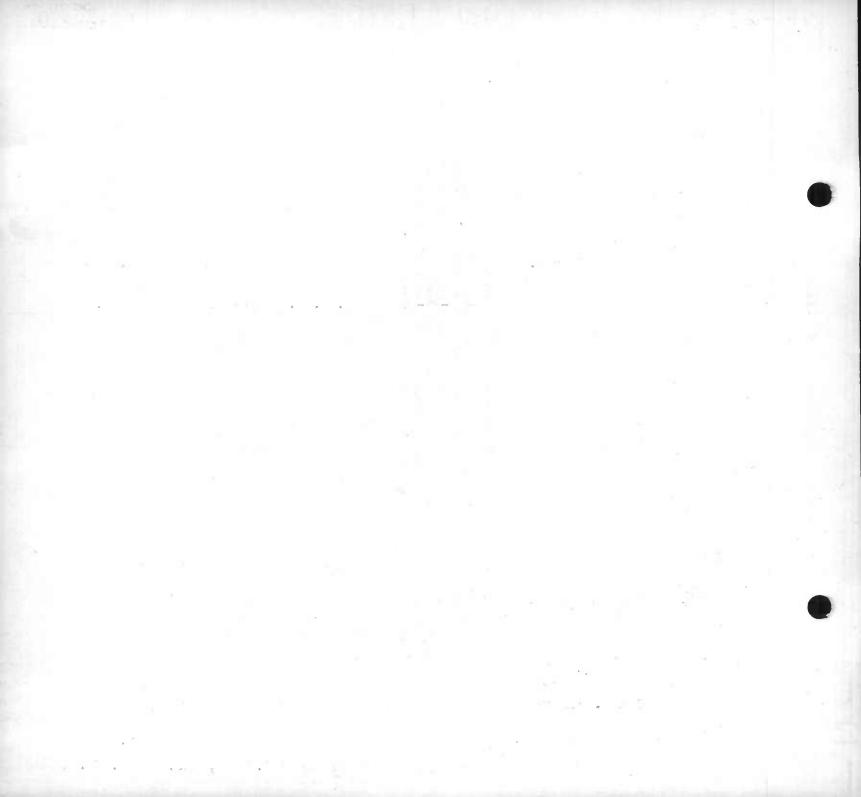
BALTIMORE CITY HEALTH DEPARTMENT

IMPORTANT DIRECTOR: FUNERAL

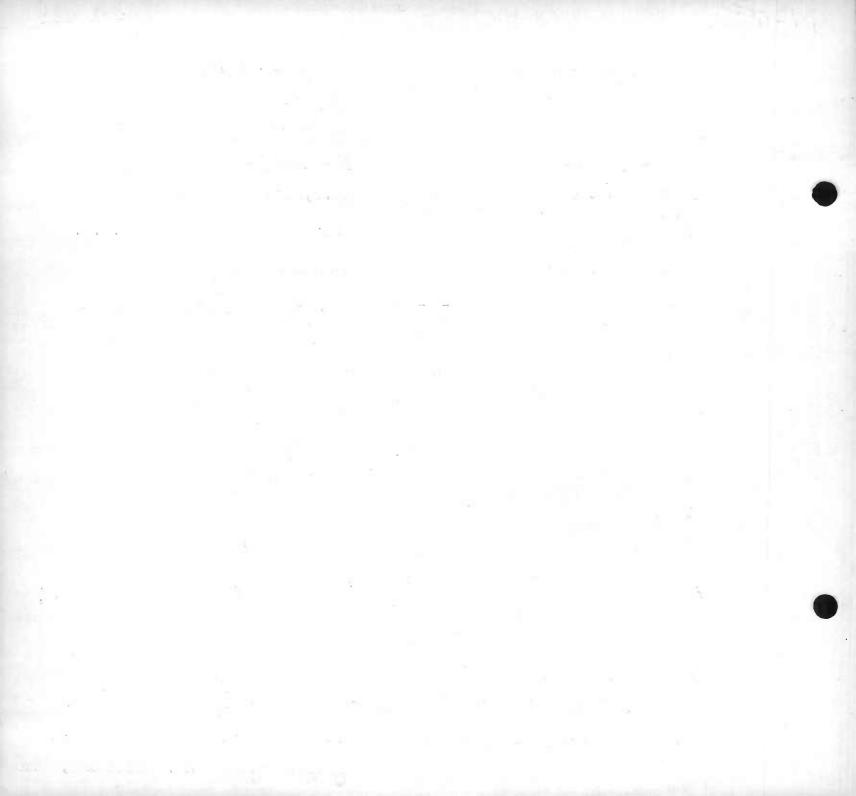
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II Under 1 Yr. If Under 24 Hrs. Hours 12. CITIZEN OF WHAT COUNTRY? Winifred M. Clark ADDRESS Mr. W. B. Donat, 1018 Woodson Rd. 21212 BETWEEN ONSET AND DEATH 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If in Boltimore City, give exact location) ond that in (my) (aur) opinion death accurred on the date 23 B. DATE SIGNED (City, town, or county) Baltimore, Md. ADDRESS Leonard J. Ruck, Inc. Balto. Md. 21214

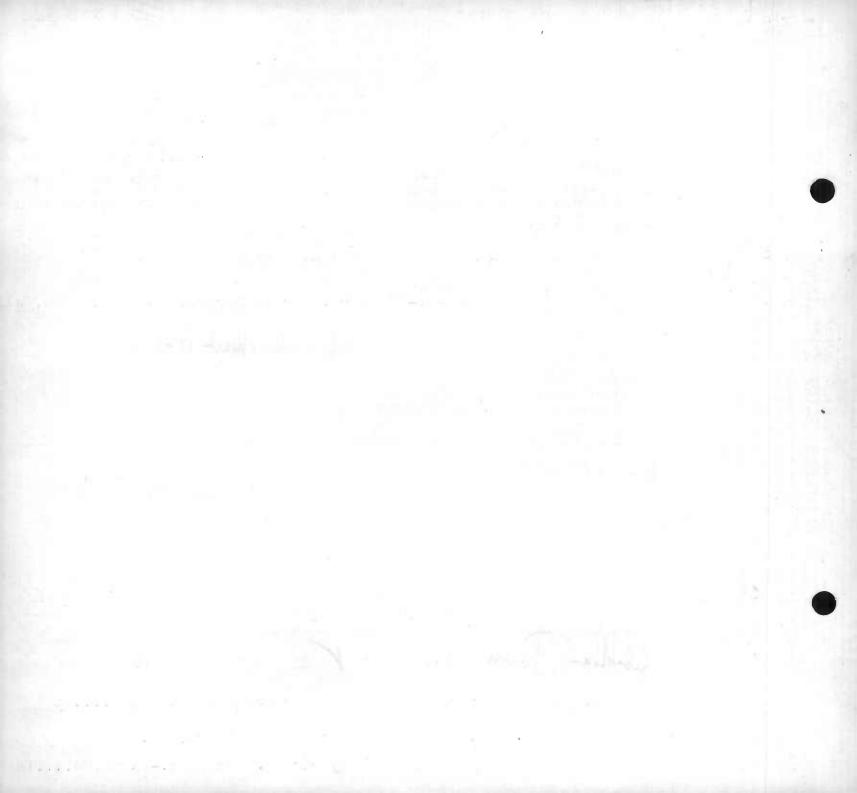
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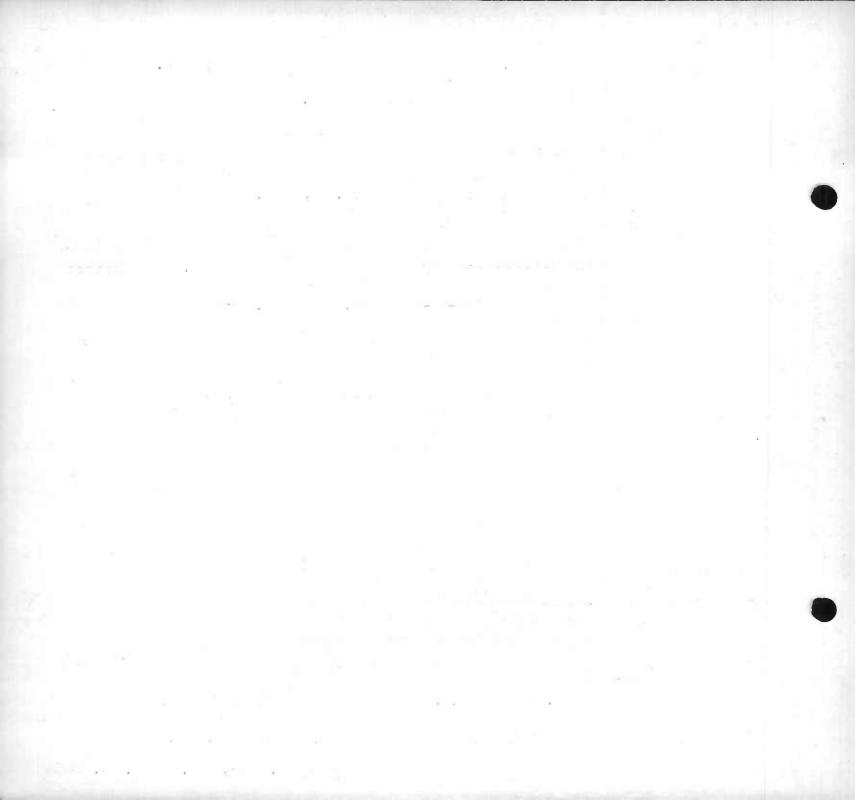
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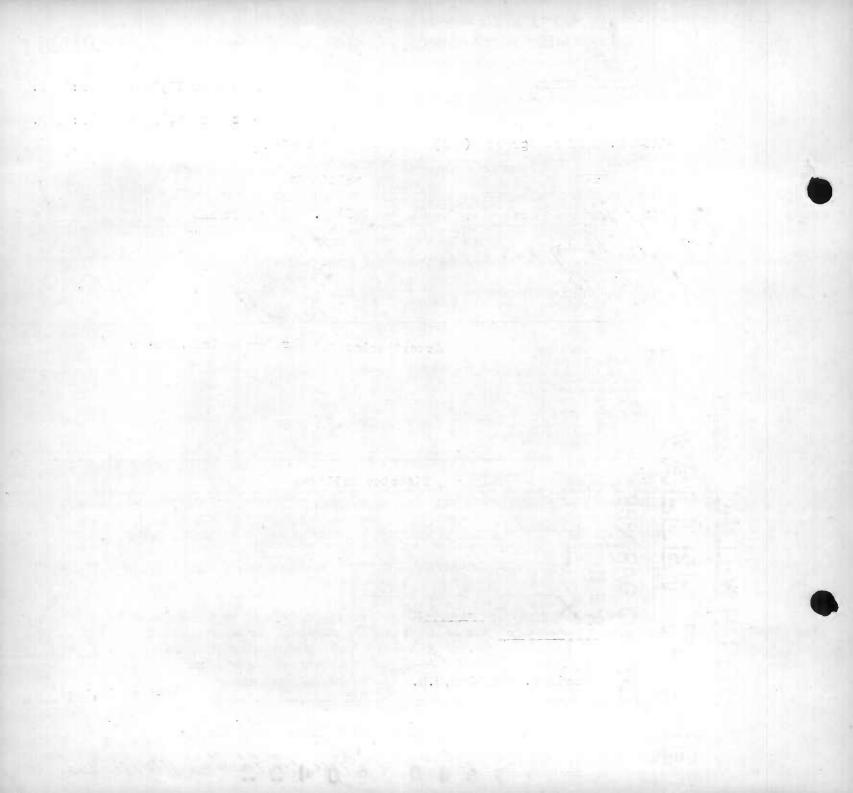
BETWEEN ONSET AND DEATH

If Under 24 Hrs.



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MEDICAL EXAM	MINER'S C	ERTIFI	CATE OF [	DEATH	68-	-10425
BIRTH NO.				KEG	. NO	20 200
i. NAME OF DECEASED (Type or Print) AMANDA WHITE		2. DATE OF DEATH	Known   Estimoted   O	Month Do	Yeor 2,1968	5:18 P.M.
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCE	ED DEAD	3. DATE		Month Do	-	
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, G ADDRESS OR LOCATION) OR INSTITUTION			UNCED DEAD OC	tober 12		5:18 P. M.
		A. STATE	Maryland	B. COL		e before damission)
6. SEX Female 7. RACE Negro B. MARRIED NE	VER MARRIED	c. city of Balt	imore	D. INS	YES YES	2 2No/5 7
9. DATE OF BIRTH 10. AGE (In years lost birthdoy) 68	Yr. If Under 24 Hrs. pys Hours Min.		AND NUMBER  E. Hoffman	Street	0	
11. BIRTHPLACE (State or foreign country) 12. CITIZE	N OF COUNTRY?	13. FATHER	'S NAME	,0		)
14A. USUAL OCCUPATION (Give kind of work 148. KIND OF BUSIN done during most of working Itle, evep if felired)	IESS OR INDUSTRY	15. MOTHE	R'S MAIDEN NAME		1 10	a.
Phremit			11/11/11	juil.el	11/10	le
	SOCIAL SECURITY NO.	1B. INFOR	Cursts 0		ADDRESS	
19.	CAUSE OF DEAT		00,700		0.53	APPROXIMATE INTERVAL
DISEASE OR CONDITION DIRECTLY	Arterios	clerot	ic Cardiova	scular Di	isease	WEEN ONSET AND DEATH
LEADING TO DEATH						
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,	DUE TO, OR A		UENCE OF:	s stress sárdis de timos (PPP) stress en en EPP) (BPP)		n and also also are seen also also are 400 are seen also also also also and also also also also also apply also que
tnjury or complication which coused death.)						
ANTECEDENT CAUSES	(B)					
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE	DUE TO, OR A	AS A CONSE	QUENCE OF:			tradicado delenes que astrono de em em de ser un en en que tip de alpreser que dipere tip en
UNDERLYING CONDITION LAST	(c)					
2 432.1						
OF THE RIGHIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).  20A. DATE OF OPERATION 20B. CONDITION FOR WHICH	Diabete	es Mell	itus			
20A. DATE OF OPERATION 20B. CONDITION FOR WHIC	H OPERATION WA	S PERFOR!	MED		21. AUT	OPSY? (Yes or No)
					41.0	no
	OF INJURY (e.g., i , loctory, street, ollice		22C. WHERE DID (IF	in Boltimore City, g	give exoct locotion	)
22D. TIME (Month) (Doy) (Yeor) (Hour) 22E.1NJ	URY OCCURRED		22F. HOW DID INJU	RY OCCUR?		
OF INJURY (APPROX.) WHILE A WORK	TON LA LA	WHILE ORK				
23.						
I certify that I held an Inquiry	pection K Aut	tap sy	ond that on this	s basis, deoth	in my opinion	
resulted from: Natural couses X Accide	ent Suicide	e 📙 H	omicide U	ndetermined ma	inner 🔲	
ACTUAL ()	18		CHIEF MEDICAL EX	AMINER		DATE SIGNED
SIGNATURE V WY MICEUN	M.D.	. ASS	STANT MEDICAL EXA	AMINER KX		
EXAMINER'S Ronald N. Kornblum	m,M.D.	ASSO	OCIATE MEDICAL EXA		October 1	.3,1968
24A. BURIAL CREMATION, 24B. DATE 24C. NA REMOVAL/(Specify)	ME of CEMETERY	or CREMATO	DRY 24D. LC		ty, town, or count	
Buring Parilelled	Mr Chi	MIKNI	(em) 4	DOTLE	hill	4,
25A. DATE REC'D BY HEALTH DEPT. 25B NAME OF R	EGISTRAR	25C.	FUNERAL DIRECTOR	Legion	ADDRESS	
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25A. DATE REC'D BY HEALTH DEPT.

VS 151-REV. 1/1/68

25B. NAME OF REGISTRAR

ADDRESS

6-27-19+7 US.A. HERBERT S. PORTER VIRGINIA

SHEYACO BESSIE P. GARRISON

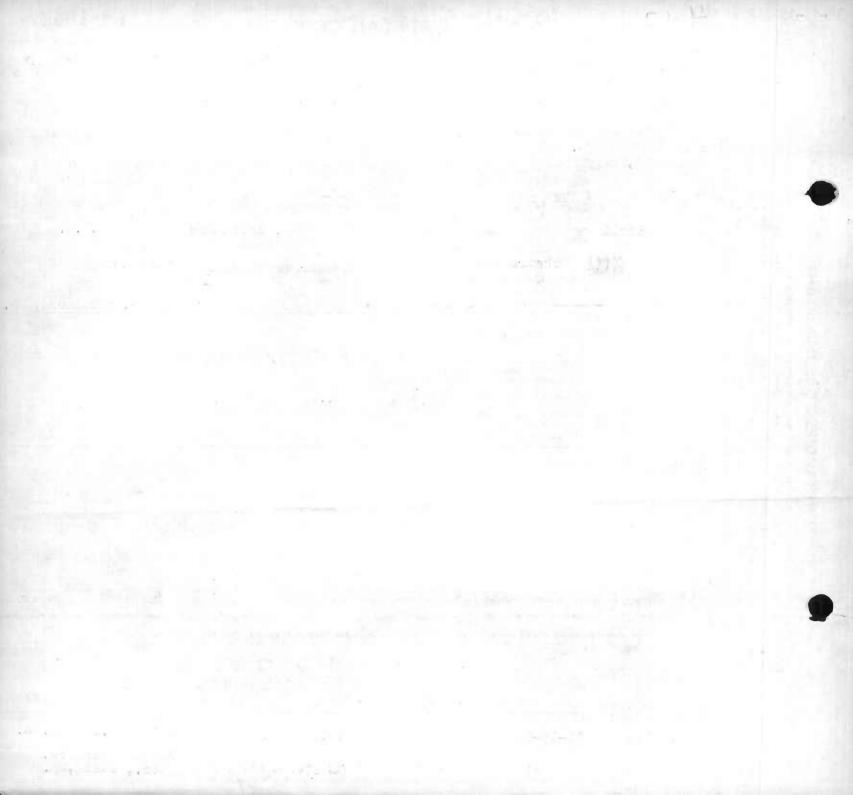
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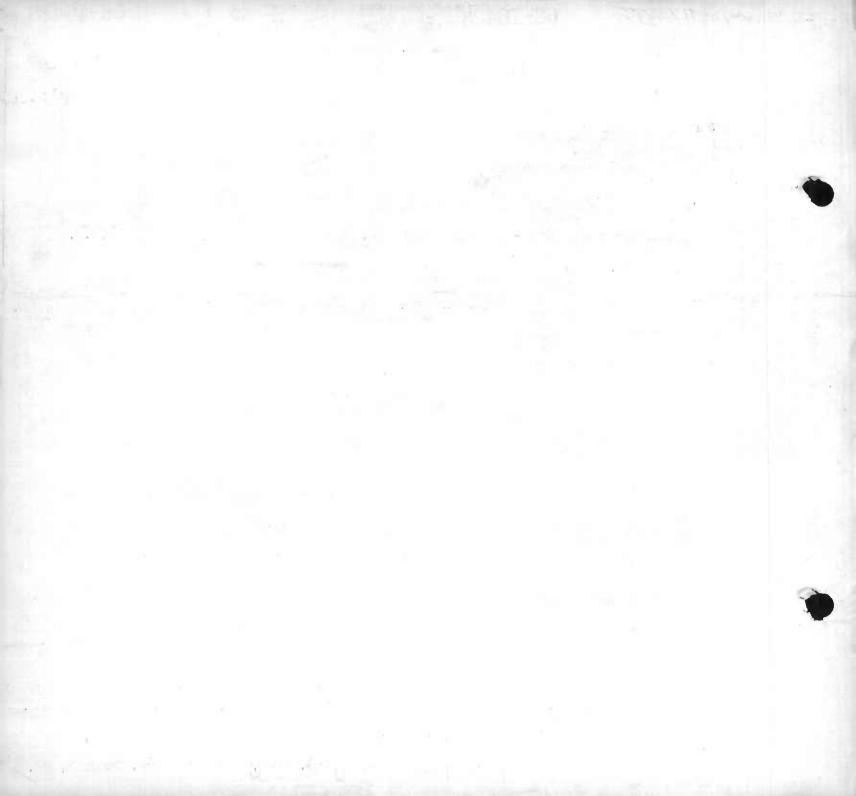
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35-53-	-33 ELR	4-12	20 6	8-1042	CERTIFICA			REG. NO	68-104	27
	ath sed the uch	BIRTH NO.			CERTIFICA	TE OF D		HOUR OF DEATH		
	S	(Type or Print)	VA A Susie)	Hobbs.			Oct	11 1968	7.50	P M.
	se of (5) Dec ance o death.	3. PLACE IN	BALTIMORE, MARYLAND	WHERE PRONO	UNCED DEAD	4. USUAL RESI	B. COUNTY	deceased lived. If in	stitution: residence before	odinission)
	hospi ise of (5) D ance deat	FULL NAME HOSPITAL OR	OF (IF NOT IN HO!	SPITAL OR INSTITU	JTION, GIVE STREET	Maryla	and			***************************************
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	0		re, Maryland	# 21224			ornwall S		21224 007	
	ribut ined ular ular ed p	5. SEX	6. RACE		NEVER MARRIED	B. DATE OF BIR		AGE (In years t birthday)	If Under 1 Yr. If Und Months Doys Hours	ler 24 Hrs. Min.
	occount perm reg	Female	White CCUPATION (Give kind of	WIDOWED	BUSINESS OR INDUSTRY	8-8-78	F (State or foreign	90	12. CITIZEN OF WHAT	COUNTRY
	dete in ece	done during mo	st of working life, even if retire	ed)					U.S.A.	COUNTRY:
	Und Und Sirie	13. FATHER'S	etired NAME	Hou	se Werk		MAIDEN NAME		U.D.R.	<del></del>
	if d (4) U was the spos		Sol Sol	warzkoph				Iewi	na Stump	
Z	ant dir ath on	15. Wos Deced	osed Ever in U. S. Armed	Forces?	1 6. SOCIAL	17. INFORMAN	Colonias de T		ADDRESS	
MPORTA	kin dec	No.	own) (If yes, give wor or		SECURITY NO. -54-0681	BCH. Rec	ords /.9/	O Eastern	# 2122 Ave. Baltimor	4 Ma.
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AP	f, o	DIS	EASE OR CONDITION			D	1		SETWIELL ONSE.	/
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ER	ody ody the p		OF OPERATION 198. C		WHICH OPERATION	20A. AUTOP	SY? (Yes or No)	208. IF YES, WERE F	INDINGS CONSIDERED	
5	b ch b ch ch ch	9 19 A. DATE	IDENT WAS UNDERLYIN	G □   21 B.	PLACE OF INJURY (e.g.,	in or about 21 C. W	NO.		e City, give exact location)	
-	tal by tal by tal by tal by tal bere to ph	OR CONT	IDENT WAS UNDERLYIN RIBUTING CAUSE OF otify medical examiner	hom etc.	e, form, foctory, street, o	ffice bldg., INJUR	Y OCCUR?	(ii iii oo iiii ii	only give exact tocollon,	
	م ١٤٦٤	OF INJUR		ear) (Hour) 21 E.	INJURY OCCURRED	21 F. H	OW DID INJUR	Y OCCUR?		
	roved he hosp y natu xcept and (6)	S OF INJUR	Y	Wh	ile At Not Whi					
	he he ny ny ny ny ny ny ny ny ny ny ny ny ny	22. 1 cer	tify that (1) (this hosp	itol) ottended t	he deceased from	Oct 1	19	(18 to G	ct 111	968.
-	app to t f ar f ar ( e	thot(1)	we) lost saw the dece	osed olive on	Oct 1	1 19 G	ond that	in (my) (our) opin	nion deoth occurred a	n the dote
	007-			stated obove.((	(We) (did) (did not)	view the body	ofter deoth.			
	S D D D E	23A. SIGN	ATTURE	01	AA O Att	ending 🗀 🐧	Med.	off C7	23 B. DATE SIGNED	-
	a to Tree	23C. PHYS	avid .	Mily	DEGREE Phy	rs. L	Director Ph	ys. 🚨	11 00 6	0
	was r An a L at prior	NAM	E (Type)	Rilow	MD.	4941	Baltimore	HOSP	itala Bolh Md 2	1224
	A.A.	24A. BURIAL	CREMATION, 24B. DATE	24C. N	AME of CEMETERY OF CR	EMATORY	24D. LOC	ATION (Ci	ty, town, or county)	(Stote)
	s certificate body was i ws: (1) An a s D.O.A. at eased prior	Bur	ial 10-1	5-68 Ba	ltimore Nati	onal Cem	etery 55			
	S - > S - =		C'D BY HEALTH DEPT.		F REGISTRAR		AL DIRECTOR	6224	RasterAPMVe	
	Thi the sho wa dec		<b>96</b> 7 1 6 1968	Relat	E, QUARRIAN	- Chas	les 4,5	ecler Balt	o., 21224, Md	•
		N/C 1 CO DEN/ 1	/1 // D				/ 1			



52-39-24 ELR	H-200 68-10428 CERTIFICATE OF DEATH  REG/NO. 68-1042	28
and eath ased the Such	BIRTH NO.  1. NAME OF DECEASED  OF DECEASED  OF DECEASED  OF DECEASED  OF DECEASED  OF DECEASED  OF DECEASED  OF DECEASED  OF DECEASED  OF DECEASED  OF DECEASED  OF DECEASED  OF DECEASED  OF DECEASED  OF DECEASED  OF DECEASED  OF DECEASED  OF DECEASED  OF DECEASED  OF DECEASED  OF DECEASED  OF DECEASED  OF DECEASED  OF DECEASED  OF DECEASED  OF DECEASED  OF DECEASED  OF DECEASED  OF DECEASED  OF DECEASED  OF DECEASED  OF DECEASED  OF DECEASED  OF DECEASED  OF DECEASED  OF DECEASED  OF DECEASED  OF DECEASED  OF DECEASED  OF DECEASED  OF DECEASED  OF DECEASED  OF DECEASED  OF DECEASED  OF DECEASED  OF DECEASED  OF DECEASED  OF DECEASED  OF DECEASED  OF DECEASED  OF DECEASED  OF DECEASED  OF DECEASED  OF DECEASED  OF DECEASED  OF DECEASED  OF DECEASED  OF DECEASED  OF DECEASED  OF DECEASED  OF DECEASED  OF DECEASED  OF DECEASED  OF DECEASED  OF DECEASED  OF DECEASED  OF DECEASED  OF DECEASED  OF DECEASED  OF DECEASED  OF DECEASED  OF DECEASED  OF DECEASED  OF DECEASED  OF DECEASED  OF DECEASED  OF DECEASED  OF DECEASED  OF DECEASED  OF DECEASED  OF DECEASED  OF DECEASED  OF DECEASED  OF DECEASED  OF DECEASED  OF DECEASED  OF DECEASED  OF DECEASED  OF DECEASED  OF DECEASED  OF DECEASED  OF DECEASED  OF DECEASED  OF DECEASED  OF DECEASED  OF DECEASED  OF DECEASED  OF DECEASED  OF DECEASED  OF DECEASED  OF DECEASED  OF DECEASED  OF DECEASED  OF DECEASED  OF DECEASED  OF DECEASED  OF DECEASED  OF DECEASED  OF DECEASED  OF DECEASED  OF DECEASED  OF DECEASED  OF DECEASED  OF DECEASED  OF DECEASED  OF DECEASED  OF DECEASED  OF DECEASED  OF DECEASED  OF DECEASED  OF DECEASED  OF DECEASED  OF DECEASED  OF DECEASED  OF DECEASED  OF DECEASED  OF DECEASED  OF DECEASED  OF DECEASED  OF DECEASED  OF DECEASED  OF DECEASED  OF DECEASED  OF DECEASED  OF DECEASED  OF DECEASED  OF DECEASED  OF DECEASED  OF DECEASED  OF DECEASED  OF DECEASED  OF DECEASED  OF DECEASED  OF DECEASED  OF DECEASED  OF DECEASED  OF DECEASED  OF DECEASED  OF DECEASED  OF DECEASED  OF DECEASED  OF DECEASED  OF DECEASED  OF DECEASED  OF DECEASED  OF DECEASED	
	U-lunge H. 1+155Ey 10/12/68 7:30	PM.
pital of d Dece	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD  4. USUAL RESIDENCE (Where deceosed lived. If institution: residence before of a. STATE 8. COUNTY	lmission)
a hospi cause o use; (5) D endance to deat	FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)  BALTIMORE  C.CITY OR TOWN  BALTIMORE  D. INSIDE CITY LIMITS?  Dundalk  YES NO E	3 - 05
d in ing	4940 EASTERN AVE.  BALTIMORE, MARYLAND # 21224 2710 TILDEN ROAD # 21222 005	
ned but	5, SEX   6. RACE   7. MADDIED   8. DATE OF BIRTH   9. AGE (In years   If Under 1 Yr.   If Under	24 Hrs.
th occurr contribu etermine n regula eceased on is mad	MALE WHITE WIDOWED DIVORCED 7-30-00 68  Months: Doys Hours  WIDOWED DIVORCED 7-30-00  Months: Doys Hours  WIDOWED 10A USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country)  12. CITIZEN OF WHAT C	
dead torund und ras i	Retired - Truck Driver-Bethlehem Steel Co. MARYLAND U.S.A.  13. FATHER'S NAME  14. MOTHER'S MAIDEN NAME	
F _ L	GEORGE W. HISSEY ROBERTS, ANNA	
MPORTAN' r his assistant lso, if the di of any kind; ounced death ttendance on	15. Wos Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) III yes, give wor or dotes of service) Yes  WWI  16. SOCIAL SECURITY NO.  # 2122 BCH: RECORDS 4940 EASTERN AVE. BALTIMORE	24. MD.
RAL DIRECTOR: IN medical examiner or landical examiner. Als burns; (3) A fracture ophysician who pronou an was in regular attermains are embalme	(This does not meen the mode of dying, e.g., heart lailure, asthemia, etc. It means the disease, injury or camplication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if any, giving rise to the abave cause (A) stoting the UNDERLYING CONDITION lost.  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	
UNER chief by a m Body the p	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED  19B. CONDITION FOR WHICH OPERATION YES  20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES	
The Constant	U 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)  21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID home, form, foctory, street, office bldg., INJURY OCCUR?	11-11-1
ved by the hospital nature; (ept whe de (6) No ained be	21D. TIME (Month) (Doy) (Yeor) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?  White At Not White At Work 1	
e must be approreleased to the accident of any ta hospital (excort to death); and	that (1) (we) last saw the deceased alive an 10/12/ 19 68 and that in (ny) (aur) apinian death accurred an and haur and from the causes stated abave. (1) (We) (did) (did nat) view the bady after death.  23A. SIGNATURE  Attending Med. Stoff 10/12/68  23C. PHYSICIAN'S NAME (Type)  PAUL, KALKIFF MD  23B. DATE SIGNED 10/12/68	68 , the date
£ ≯€035	24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify) 24C. NAME of CEMETERY or CREMATORY 24D. LOCATION (City, town, or county)	(Stote)
This certhe bocks was D. deceas	Burial 10/16/68 Gardens of Faith Cemetery Baltimore, Mary 25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS John J. Duday 7922 Wise Ave. Dundalk, I	
	VS 150-REV, 1/1/68	•

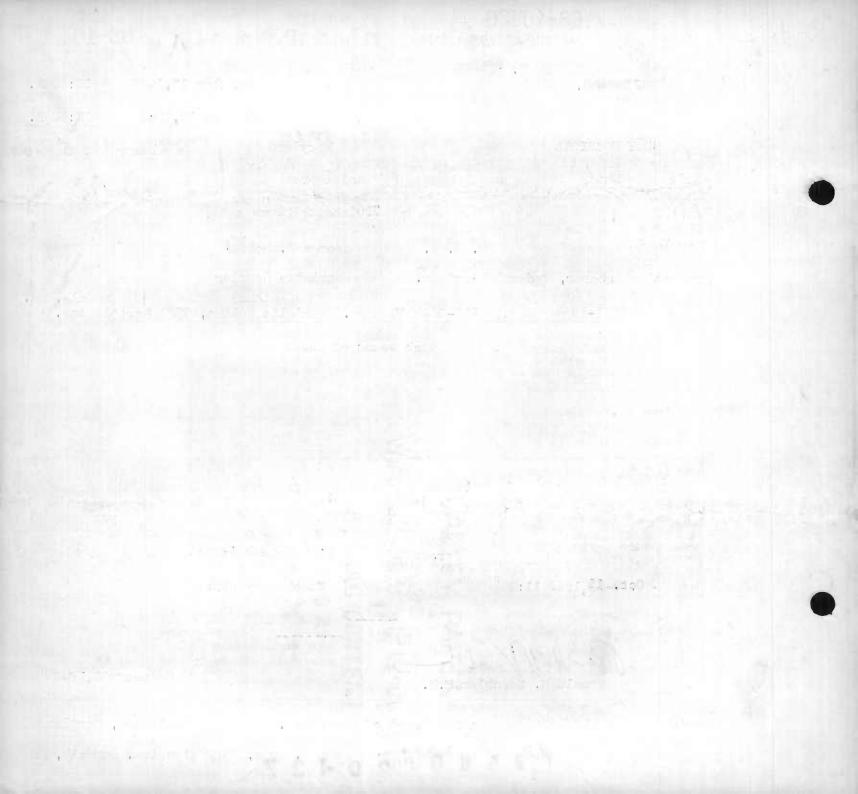


VS 150-REV. 1/1/68

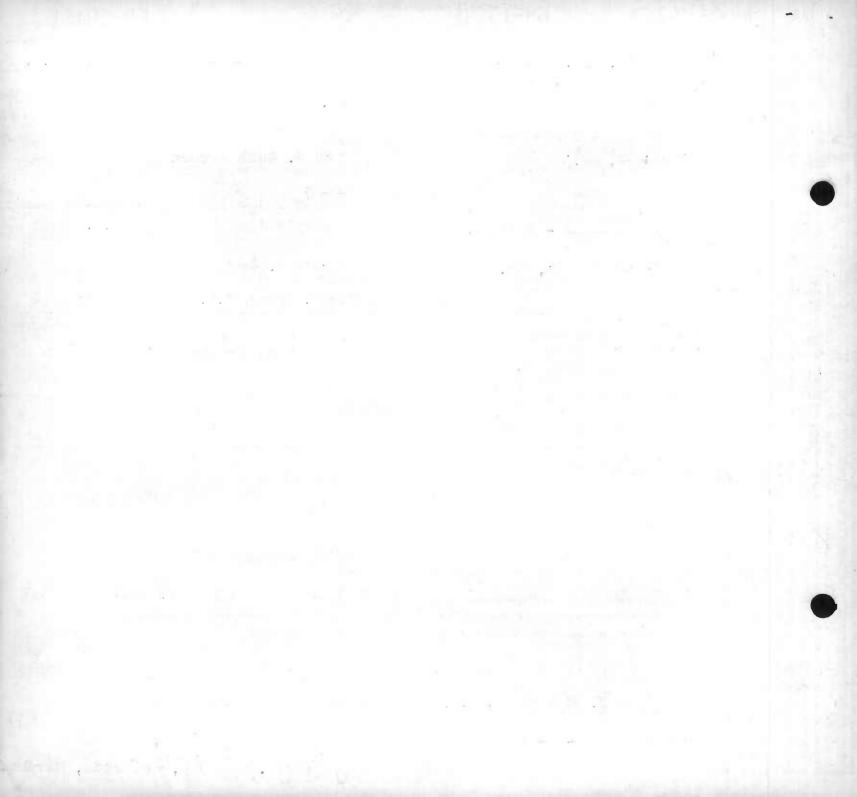
R-4/2

68-10430 BALTIMORE CITY HEALTH DEPARTMENT

П				TALLIMORE CITT HE				/	68-	-10430
BI	RTH NO.	WED	OICAL	EXAMINER'S	ERIIF	ICATE OF	DEAT	H REG. NO	00-	10430
1	NAME OF DE	CEASED GERAL	D G. F	ROLFES	2. DATE OF DEATH	Known   Estimoted	Manth Ocotbe	Day 2 12, 19	Year 58	12:40 A
		LTIMORE, MARYLAND, V		NOUNCED DEAD	3. DATE		Month	Doy	Yeor	Hour
HC	LL NAME OF SPITAL INSTITUTION	(IF NOT IN HOSPITA ADDRESS OR LOCA	AL OR INSTITUTION)	TUTION, GIVE STREET		OUNCED DEAD O		12,1968		12:40 Am
1		TY HOSPITAL	bott		A. STATE	Maryland		Baltin	ore	53-6
6.	Male	7. RACE White	B. MARRIE	D IVORCED	c. city o	timore	lk	D. INSIDE CIT		NO 🖾
	DATE OF BIRT 7/17/32	TH 10. AGE (I lost birthdo	y) 36	If Under 1 Yr. If Under 24 Hrs. Aonths, Doys, Hours, Min.		and number Martell Aven	ue			
	BIRTHPLACE (	State or foreign country)	1	2. CITIZEN OF WHAT COUNTRY?		er's NAME	lfes			
14	A.USUAL OCCI	JPATION (Give kind of work	148. KIND	OF BUSINESS OR INDUSTRY	15. MOTH	HER'S MAIDEN NAM	NE NE			
do	roducti	on Laborer, F	ederal	L Yeast Co.	He	enrietta Ge	nsler			
16	WAS DECEAS	SED EVER IN U.S. ARMEI	of service)	17. SOCIAL SECURITY NO.	18. INFO	RMANT (Moth	er)	AD	DRESSDU	ndalk, Md
L	Yes	1951-1954	,	217-26-4134	Mrs.	Henrietta !	Rolfes	, 7301 M		l Ave.
	19. E9 (	66 XI		CAUSE OF DEA						PROXIMATE INTERVAL ZEEN ONSET AND DEATH
L	DISEAS	SE OR CONDITION DIRE	CTLY	Stab wo	ound o	f chest				
П	(This does	LEADING TO DEATH not mean the mode of dy	vina. e.a	(A)IMMEDIATE C		EQUENCE OF:				
Г	heart failur	e, osthenio, etc. It means the mplication which coused de	e diseose,	DUE 10, OR 7	AS A CONS	EQUENCE OF:				
ı				\						
	DISEASES	OR CONDITIONS, IF AN		(B) DUE TO, OR	AS A CON	SEQUENCE OF:	in yandin 40 dar girdin yandin 40 ye.	# TO 10 10 44 C C C C C C C C C C C C C C C C C C		140 de de de de sindrette de de 16 de de 16 de de 16 de 16 de 16 de 16 de 16 de 16 de 16 de 16 de 16 de 16 de 16 de 16 de 16 de 16 de 16 de 16 de 16 de 16 de 16 de 16 de 16 de 16 de 16 de 16 de 16 de 16 de 16 de 16 de 16 de 16 de 16 de 16 de 16 de 16 de 16 de 16 de 16 de 16 de 16 de 16 de 16 de 16 de 16 de 16 de 16 de 16 de 16 de 16 de 16 de 16 de 16 de 16 de 16 de 16 de 16 de 16 de 16 de 16 de 16 de 16 de 16 de 16 de 16 de 16 de 16 de 16 de 16 de 16 de 16 de 16 de 16 de 16 de 16 de 16 de 16 de 16 de 16 de 16 de 16 de 16 de 16 de 16 de 16 de 16 de 16 de 16 de 16 de 16 de 16 de 16 de 16 de 16 de 16 de 16 de 16 de 16 de 16 de 16 de 16 de 16 de 16 de 16 de 16 de 16 de 16 de 16 de 16 de 16 de 16 de 16 de 16 de 16 de 16 de 16 de 16 de 16 de 16 de 16 de 16 de 16 de 16 de 16 de 16 de 16 de 16 de 16 de 16 de 16 de 16 de 16 de 16 de 16 de 16 de 16 de 16 de 16 de 16 de 16 de 16 de 16 de 16 de 16 de 16 de 16 de 16 de 16 de 16 de 16 de 16 de 16 de 16 de 16 de 16 de 16 de 16 de 16 de 16 de 16 de 16 de 16 de 16 de 16 de 16 de 16 de 16 de 16 de 16 de 16 de 16 de 16 de 16 de 16 de 16 de 16 de 16 de 16 de 16 de 16 de 16 de 16 de 16 de 16 de 16 de 16 de 16 de 16 de 16 de 16 de 16 de 16 de 16 de 16 de 16 de 16 de 16 de 16 de 16 de 16 de 16 de 16 de 16 de 16 de 16 de 16 de 16 de 16 de 16 de 16 de 16 de 16 de 16 de 16 de 16 de 16 de 16 de 16 de 16 de 16 de 16 de 16 de 16 de 16 de 16 de 16 de 16 de 16 de 16 de 16 de 16 de 16 de 16 de 16 de 16 de 16 de 16 de 16 de 16 de 16 de 16 de 16 de 16 de 16 de 16 de 16 de 16 de 16 de 16 de 16 de 16 de 16 de 16 de 16 de 16 de 16 de 16 de 16 de 16 de 16 de 16 de 16 de 16 de 16 de 16 de 16 de 16 de 16 de 16 de 16 de 16 de 16 de 16 de 16 de 16 de 16 de 16 de 16 de 16 de 16 de 16 de 16 de 16 de 16 de 16 de 16 de 16 de 16 de 16 de 16 de 16 de 16 de 16 de 16 de 16 de 16 de 16 de 16 de 16 de 16 de 16 de 16 de 16 de 16 de 16 de 16 de 16 de 16 de 16 de 16 de 16 de 16 de 16 de 16 de 16 de 16 de 16 de 16 de 16 de 16 de 16 de 16 de 16 de 16 de 16 de 16 de 16 de 16 de 16 de 16 de 16 de 16 de 16 de 16 de 16 d
L	UNDERLYI	IE ABOVE CAUSE (A) STA NG CONDITION LAST.	TING THE							
ŏ	ar a b	2 y II		(C)						
CERTIFICATION	OTHER SIG	NIFICANT CONDITIONS C ATH BUT NOT RELATED TO R CONDITION GIVEN IN P	THE TERMIN							
RT.	20A. DATE O			OR WHICH OPERATION W	AS PERFO	RMED			21. AUTO	PSY? (Yes or No)
Ö	2								ye	es .
FDICAL	LINDEDIVINI	RNAL CAUSE WAS	2 h	2B. PLACE OF INJURY(e.g., ome, form, foctory, street, office Street	in or obou e bldg., etc.	22C. WHERE DID (1) INJURY OCCUR? 3302 Schuc			t locotion)	- 11
Σ	22D. TIME	AUSE OF DEATH. (Month) (Doy) (Yeo	r) (Hour)	TOOK INITION OCCUPRED		22F. HOW DID INJ			0	-11
Е		Oct11,1968	11:00	P WHILE AT NOT AT W	WHILE K	Stabbed b	y wife	2		
ŀ	23.	tify that I held an I	nauity	Inspection Au	tapsy 🛚 🛣	and that an th	is basis.	death in my o	ninian	
		Ited fram: Natural cau		Accident Suicid				ned manner	]	
	1030		0.1	/ / /		CHIEF MEDICAL E				
	ACTUA		11/	and M.D	AS	SISTANT MEDICAL E	XAMINER	x		DATE SIGNED
	SIGNAT EXAMIN NAME (	NER'S Ronald N	I. Kori	nblum, M.D.		SOCIATE MEDICAL E	XAMINER	_ 0cot	ber 1	12,1968
	A. BURIAL CRE			24C. NAME of CEMETERY	ar CREMA	TORY 24D. I	LOCATION	(City, town,	or county)	(Stote)
I	MOVAL (Spec Burial	10/16/	68	Sacred Heart	of Je	sus Cem.		Baltir	nore,	Maryland
25	A. DATE RECT	CRAHEATH DEST	258. NA	ME OF REGISTRAR		ohn J Duda			re. Du	ındalk, Md
VS	151-REV. 1/1/6	B N	50							



NUES 60-10	BALTIMORE CITY	HEALTH DEPARTMENT		00 40404
A-453 68-10	CFRTIFICA	TE OF DEATH	REG. NO	68-10431
BIRTH NO.				
Type of Allnutt, Mrs. Lucille			L2-68	1:30 P.M. M.
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRO	NOUNCED DEAD	4. USUAL RESIDENCE (Where de	ceased lived. If ins	titutian: residence before admission)
FULL NAME OF (IF NOT IN HOSPITAL OR IN: HOSPITAL OR ADDRESS OR LOCATION)		Md. c. CITY OR TOWN Baltimore	D. INSID	PE CITY LIMITS? YES X
//Keswick Home for Incura	bles	E. STREET AND NUMBER		TES IN
Baltimore, Md. 21211		700 W. 40th	Street	
	ED NEVER MARRIED	B. DATE OF BIRTH 9. A	GE (In years	If Under 1 Yr. If Under 24 Hrs, Months: Doys Hours Min.
F White WIDOW	ED X DIVORCED	8-2-87 83	birthdoy)	
tOA, USUAL OCCUPATION (Give kind of work 10B. KIND done during most of working life, even if retired)	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign of	country)	12. CITIZEN OF WHAT COUNTRY?
Registered Nurse - Retin	red	Maryland		U.S.
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME		
James Perry Gott, Sr.		Annie L. Cov	ington	
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dates of service)	1 6, SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
No	None	Miss F. Womer, 1	R.N.	Keswick
LEADING TO DEATH  (This does not meen the made of dying, of heart failure, asthenia, etc. It means the disectingury or camplicotion which coused deoth.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if any, giverise to the above couse (A) stating UNDERLYING CONDITION tost.	ing DUE TO, OR AS	A CONSEQUENCE OF:	@HTII NOSCA	(0) 114/5
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMIN DISEASE OR CONDITION GIVEN IN PART I [A].	AL	20 A. AUTOPSY? (Yes or No) 20	) R IE Vec Wene E	INDINGS CONSIDERED
19A. DATE OF OPERATION 19B. CONDITION FOR WAS PERFORMED	DR WHICH OPERATION	No No	CERTIFYING CAU	ISES OF DEATH?
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	21B. PLACE OF INJURY (e.g., i home, form, factory, street, o etc.)	n or obout 21C. WHERE DID ffice bldg., INJURY OCCUR?	(If In Boltimore	City, give exoct locotion)
Q 21D. TIME (Month) (Dov) (Year) (Hour)	21E. INJURY OCCURRED	21F. HOW DID INJURY	OCCUR?	
OF INJURY (APPROX.)	While At Not While Work Not Work			
22. I certify that (1) (this haspital) attended	ed the deceased from	7 Dec 191	SI of 10	Oct 1968.
that (I) (we) yest sow the deceased alive	1001	. ()		ion death occurred on the date
and hour and from the couses stated above	e. (1) (We) (did) (did not)	view the body after death.		
23C. PHYSICIAN'S NAME (Type)	Athe Use DEGREE Phy	ending Med. Staf		12 Oct 1968
Aubrey D. Richardson	, M.D.	Keswick Home	for Incur	ables
	C. NAME of CEMETERY OF CR			y, town, or county) (Stote)
Burial 10-15-68	Monocacy Ceme		lsville,	Maryland
25A. DATE REC'D BY HEALTH DEPT. 25B. NAM	AE OF REGISTRAR	Robert A Pun	iphrey, p	ethesda, Marylan
VS 150-REV. 1/1/6B			-	



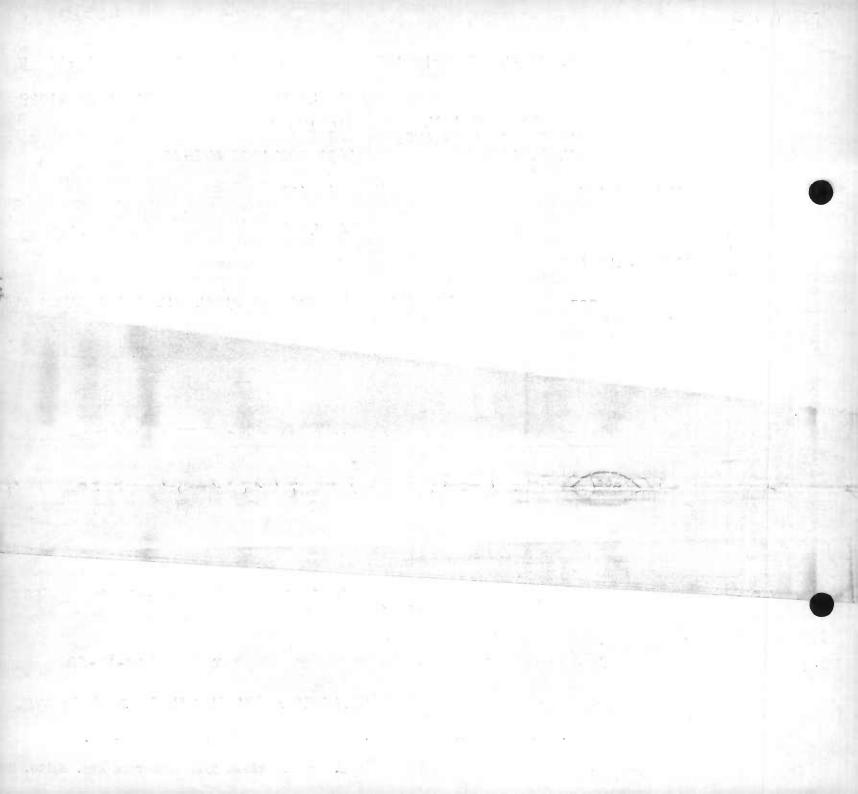
VS 151-REV. 1/1/68

1. N	I NO.				CERTIFICA		1	REG. NO	68	201
	or Print)		KRAMER ( T.	hn W.Krame		stimoted	Month 10	Day 11	Yeor 68	Hour 2.50
4. PL	ACE IN BALT	IMORE, MARYLAND,	WHERE PRONOU	NCED DEAD	3. DATE	stimoted 🗀	Month	Doy	Yeor	3:50 p N
HOSP		(IF NOT IN HOSPIT ADDRESS OR LOC	AL OR INSTITUTION	I, GIVE STREET	PRONOUNC	ED DEAD C	ctober		1968	3:50 p
OR IN	City	y Hospital	D.O.A.		5. USUAL RESIDI A. STATE	ENCE (Where d	. В	ed. If institution:	: residence b	efore admission)
6. SE	X	7. RACE	8. MARRIED	NEVER MARRIED	C. CITY OR TOV			D. INSIDE CIT	TY LIMITS?	611
Ma		White	WIDOWED .	DIVORCED		o., Md.		YE	s X	10 🗆
	TE OF BIRTH	lost birthd	oy) Months	r 1 Yr. If Under 24 Hrs. Doys Hours Min.		NUMBER . East A	770	# 21224	4	
	Ct. 2.	1914 54 ote or foreign country)		IZEN OF	13. FATHER'S NA		ive. 7	T ETECH	+•	
	Baltimo	re , Md.		U.S.A.		John W.	Kram	er		
done d	SUAL OCCUP uring most of wo Moat - Cu	ATION (Give kind of working life, even if retired)	Wetzelbe		15. MOTHER'S N	Anna Ke	_			
16. W	AS DECEASE	D EVER IN U.S. ARME	D FORCES? 17	7. SOCIAL	18. INFORMANT		RAT	An	DRESS	
(Yes, n	Yes (	If yes, give wor or dotes		SECURITY NO.	Frances I		r:	_	Same.	
19	· Enf. 1 1	7.4		CAUSE OF DEA					APP	ROXIMATE INTERVAL EN ONSET AND DEAT
	Injury or comp	osthenio, etc. It meons th plicotion which coused de	e disease,							
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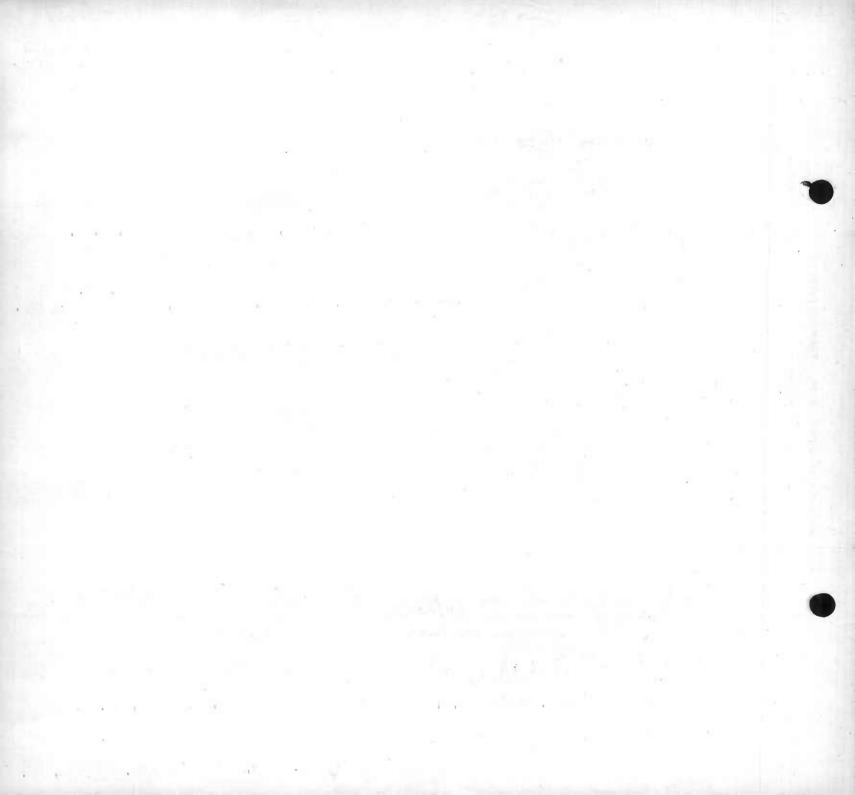
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22. I certify	that M) (this haspita	l) attended	the deceased from SE OCTOBER 14			, OCT	·
	last saw the decease		(f) (Me) (q1q) (A) (A) (A) (A)			γ) (our) api	nlan deoth occurred an the
23A. SIGNATU	And the second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second s		, , , , , , , , , , , , , , , , , , ,				23 B. DATE SIGNED
ma	from ?	m.).	DEGREE	ending Med. Director	Staff Phys. X		10/14/68
23C. PHYSICIA NAME (T M , A	LVAREZ		DEGREE	23D. ADDRESS		LTO, I	MD 21229 & WILKENS AVE
24A. BURIAL CRE	MATION, 24B. DATE	24C, N	IAME of CEMETERY of CR		24D. LOCATION		ity, tawn, ar caunty) (St
REMOVAL ( Burial	10-16-6					Eutaw,	Baltimore, Md.
SA. DATE REC'D	ACT 1 6 1900	25B, NAME	OF REGISTRAR	Howard H.		1, 4107	Wilkens Ave. 21

design of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the

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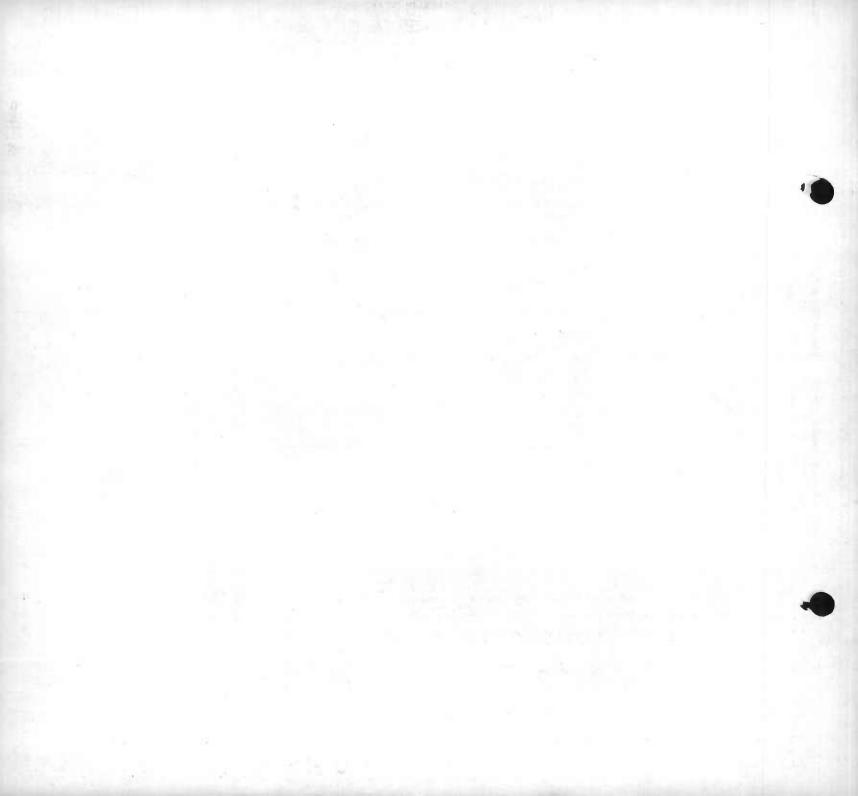
	BALTIMORE CITY	HEALTH DEPARTMENT		CO. 40440
68-10	1442 CERTIFICA	TE OF DEATH	REG. NO	68-10442
BIRTH NO.			D HOUR OF DEATH	
Type or Print) Jeffel (	ASE	D	A 12.191	58 10:17 PM
PLACE IN BALTIMORE, MARYLAND, WHERE PI	ONOUNCED DEAD		e deceased lived. If in	nstitution: residence before admission)
JLL NAME OF (IF NOT IN HOSPITAL OR I	NOTITUTION CIVE STREET	A. STAJE B. COUN		
OSPITAL OF ADDRESS OF LOCATION)		C. CITY OF TOWN	D. INS	IDE CITY LIMPTS?
PUBLIC HEAlTH SE	evice Hopenal	ISA MIMORE		YES NOT
V		E. STREET AND NUMBER	ob. R	1 +11
		1	DOW Ka	
	RIED NEVER MARRIED		ost birthday)	If Under 1 Yr. II Under 24 Hrs. Manths Days Hours Min.
	OWED DIVORCED	4-5-55	13	
N. USUAL OCCUPATION (Give kind of work 108, KIN the during most of working life, even if retired)	ID OF BOSINESS OK INDUSTRA	II. BIRTHPLACE (Stote or lare)	gn country?	12. CITIZEN OF WHAT COUNTRY?
STUPENT		1 (ARY)A	nd	U.S.F/-
FATHER'S NAME	7	14. MOTHER'S MAIDEN, NAM		
KAYMONU 10,	PASE	1/ARILIA	MAVIS	On
Was Deceased Ever in U. S. Armed Farces?	vice) 1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
No	JECORIII NO.	RAYMOND B	.CASE	SAME
18. ×	CAUSE OF DEAT			APPROXIMATE INTERVAL
DISEASE OR CONDITION DIRECTLY		ISE Malignant ACONSEQUENCE OF: Terminal Subdu	-M/	BETWEEN ONSET AND DEATH
LEADING TO DEATH	(A) IMMEDIATE CAL	SE Flalignan/	1/elAno	MA 9 MOS
(This does not meon the mode of dying, heart failure, asthenia, etc. It means the dis	e.g., DUE TO, OR AS	A CONSEQUENCE OF:	1 Many	6-
injury or complication which caused death.)	with 1	erminal Subdu	wal frame	The e
ANTECEDENT CAUSES	(B)			
DISEASES OR CONDITIONS, if ony,	ji viii g	A CONSEQUENCE OF:		
rise to the above cause (A) staling UNDERLYING CONDITION lost.	(C)			
2034 11				
OTHER SIGNIFICANT CONDITIONS CONTRIBU		Mumale	Alemia	
TO THE DEATH BUT NOT RELATED TO THE TERM DISEASE OR CONDITION GIVEN IN PART 1 (A).		' //		
19A. DATE OF OPERATION 19B. CONDITION WAS PERFORMED	FOR WHICH OPERATION	20 A. AUTOPSY? (Yes at Na)	10 CERTIFYING CA	FINDINGS CONSIDERED
2		yes	Y	<i>es</i>
OR CONTRIBUTING CAUSE OF	21 B. PLACE OF INJURY (e.g., i home, farm, foctory, street, o	fice bldg., INJURY OCCUR?	(If in Baltima	re City, give exact location)
DEATH (notify medical examiner)	elc.)			
21D.TIME (Manth) (Doy) (Year) (Hour) OF INJURY		21F. HOW DID INJU	JRY OCCUR?	
(APPROX.)	While At Not While At Wark	e 🔲		
22. I certify that A(this hospital) atten		F (. /	96810 0	tober 12 1968
that (we) lost sow the deceased alive		1 10		inion death occurred on the date
			71 111 (11 <del>75) -</del> (0017 0)	thion death occurred on the date
and hour and from the couses stated about 23A. SIGNATURE	ve. (17 (me) (did) (the mot) v	new the body after deoth.		23 B. DATE SIGNED
/ re	Atho	nding Med.	Staff Z	101-119
Jelmy In Cur	1, MO DEGREE Phy	s. Director	Phys.	1913/68
23C. PHYSICIAN'S NAME (Type)	- 4	23D. ADDRESS	S	- 11.00
Henry S. C.	151, MO DEGREE	PUBLIC HEALT	TH SERVIC	
A. BURIAL CREMATION, Z48. DATE REMOVAL (Specily)	4C. NAME of CEMETERY OF CR	MATORY 24D. LC	CATION	ity, town, or county) (State)
CREMATION 10/14/68	GREEN M	OUNT B	ALTIMORE	MD.
-////	AME OF REGISTRAR	25C. FUNERAL DIRECTOR	110000	ADDRESS
DRT 1 6 1068 109	2 A OS THO. 44	) AMITOHELLA	WIEDEFE	LD HOME, INC

25C. FUNERAL DIRECTOR

B, CASE

PAYMOND B. CASE SAME

with Terminal Subdural Hamordagge



68 - 10444 baltimore city health department

VS 151-REV, 1/1/6B

MEDICAL EXAMINER'S CERTIFICAT	1 E (	OF	DEATH.
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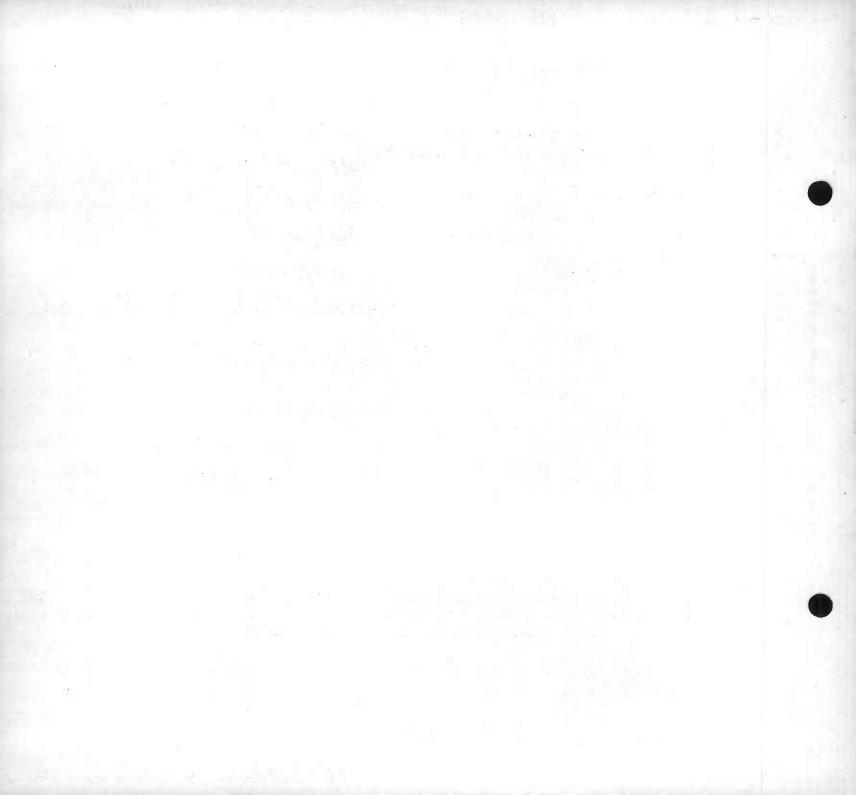
			XAMINER'S			E DEATH		68-	-1044	A
BIRTH NO.	74120	JICAL L	AAMII AEK 5 C		AILO	DLAII	REG. NO		2017	
. NAME OF DE		ZECH		2. DATE OF DEATH	Known   Estimoted	October	Doy 14,1968	Yeor	Hour 4:20	P.M
. PLACE IN BA	LTIMORE, MARYLAND,	WHERE PRON	OUNCED DEAD	3. DATE		Month	Doy	Yeor	Hour	
FULL NAME OF HOSPITAL DR INSTITUTION	(IF NOT IN HOSPIT ADDRESS OR LOC	TAL OR INSTITUTI ATION)	ON, GIVE STREET		NCED DEAD	October	14,1968		4:20 P	1.1.1.1
C	hurch Home a	nd Hospi	tal (DOA)	A. STATE ME			COUNTY	esidence t	erore commissi	
Female	7. RACE White	8. MARRIED WIDOWED	NEVER MARRIED DIVORCED	c. city or Balti			). INSIDE CITY		-00	0
DATE OF BIRT	H 10.AGE (	1 1 1 1	nder 1 Yr. If Under 24 Hrs.	E. STREET A	ND NUMBER		YES		ио Ц	-
5-7-1	1918 lost birthd		ths Doys Hours Min.	1	Gough S	treet				
1. BIRTHPLACE (	State or foreign country)		WHAT COUNTRY?	13. FATHER'S	NAME	DZIE	DZIE	N		
4A.USUAL OCCL	PATION (Give kind of world	14B. KIND OF	BUSINESS OR INDUSTRY	15. MOTHER	'S MAIDEN N	AME	VEIP			
HOUSE	working life, even if retired)				UNKNO	WN				
	ED EVER IN U.S. ARME (If yes, give wor or dote:		17. SOCIAL SECURITY NO.	18. INFORM	ANT		ADD	RESS	c- 1.1	
119.	137		CAUSE OF DEA	DVOVI	SHAW	LECH	1835 11	HKP	PROXIMATE INTE	SHDC
00	/ X I								EEN ONSET AND	
DISEAS	SE OR CONDITION DIRI LEADING TO DEATH	ECTLY	Acute G		teritis					
(This does	not mean the made of d	lying, e.g.,	(A) IMMEDIATE C	AS A CONSEQU	JENCE OF:				******	
injury or co	e, osthenio, etc. It meons th mplication which coused de	e diseose, eoth.)								
A	NTECEDENT CAUSES		(B)							
DISEASES RISE TO TH	OR CONDITIONS, IF AN	NY, GIVING	DUE TO, OR	AS A CONSEC	UENCE OF:					
_   UNDERLYI	NG CONDITION LAST.	AIIIVO IIIL	(c)							
NO THER SIGN	. / 11									
TO THE DE	NFICANT CONDITIONS C ATH BUT NOT RELATED TO R CONDITION GIVEN IN I	O THE TERMINAL								******
20A. DATE O	F OPERATION 20B. CO	NDITION FOR	WHICH OPERATION WA	AS PERFORM	ED		2	I. AUTO	PSY? (Yes or	No)
									yes	
UNDERLYING	NAL CAUSE WAS GOR CONTRIB-	22B. hom	PLACE OF INJURY(e.g., e, form, foctory, street, office	in or obout 22 e bldg., etc.)	C. WHERE DIC	(If in Boltimore	City, give exoct	locotion)		
	(Month) (Doy) (Yes	or) (Hour) 2	2E.INJURY OCCURRED		F. HOW DID I	NJURY OCCUR	?			
(APPROX.)				WHILE ORK						
23.										
l cer	tify that I held an	Inquiry 🔲	Inspection Au	tapsy X	and that on	this basis, d	eath in my ap	inian		
resu	ted fram: Natural ca	uses K A	ccident Suicid		micide 🔲	Undetermine	d manner 🔲			
ACTUAL	11 / 1 / 4	17/1	all	ASSIS	TANT MEDICA		<u>.</u>		DATE SIGNI	:D
SIGNAT	IER'S Ronald	N. Korn	blum, M.D. M.D		CIATE MEDICA			ber 1	5,1968	
NAME ( 24A. BURIAL CRE		la.	C. NAME of CEMETERY	or CDEMATO	DV Indi	. LOCATION	(Chu have	as country.	10101	
REMOVAL (Spec	ify)	2 1 5	THE OF CEMETERY	OF CREMATO	24	In a	(City, town, o	a &	(Stote	
BURIAL	10-18	-68 1	TOLY ROSIARY	CEM	III IED AL DIES	DUMPAL	5 /	10,		
ZSA. DATE REC'D	BY HEALTH DEPT.	25B. NAME	E STOREGEN	25C.1F	UNEKAL DIREC	JOK	ADL	JKE55		

5-7-1918 PLAND VAN PRIEDZIEC uman Hun He 1.2 12 milled BROMISHAW CZECH 1875 THAY ST. WALL A Supremount of the sale DURING 10-13-65 HOLY RESOLD SERVE DEFINISHED MAD TO SEE SOME THE SHEET WESTERN WITH SEE SEE SEE SEE

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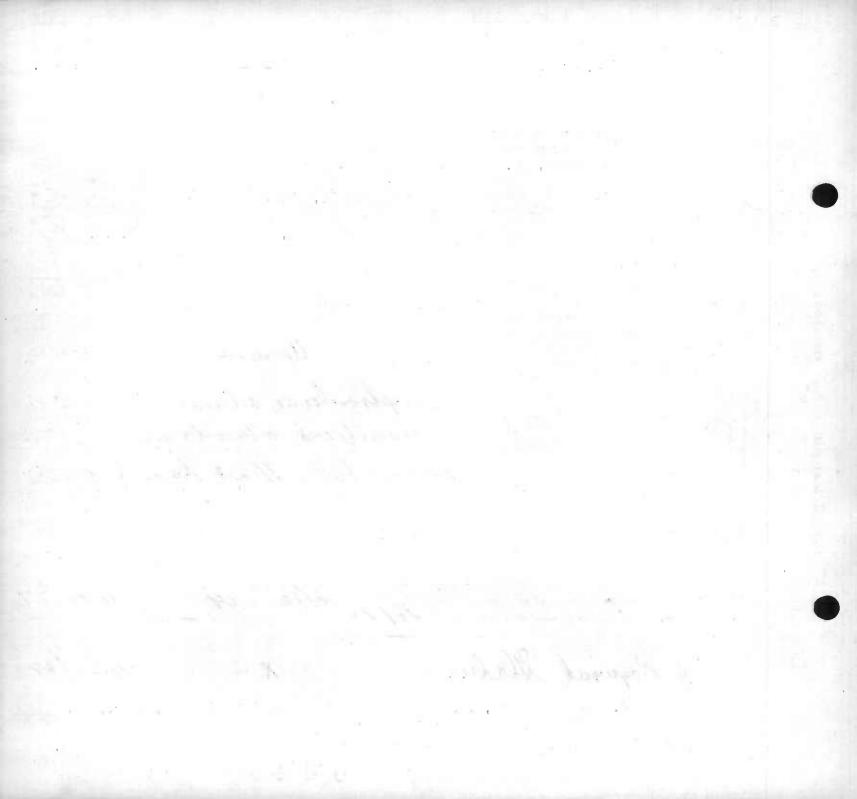
## 68-10447, baltimore city health department

68-10447

MEDICAL	<b>EXAMINER'S</b>	CERTIFICATE	OF DEATH
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RIE	MEDICAL EXAMINER'S C	CERTIFICATE OF DEATH R	EG. NO	
_	NAME OF DECEASED	2. DATE Knawn Manth	Day Year	Hour
(Typ	John GILBERT MCNEIR	OF SUL October		6:00 A. M.
_	PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD			Hour
FUI	L NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET	PRONOUNCED DEAD October		C . OO A
HO	SPITAL ADDRESS OR LOCATION) INSTITUTION	5. USUAL RESIDENCE (Where deceased lived. If		6:00 A. M.
0	0 514 E. Pratt Street (DOA)		DUNTY	/ I
6.	SEX 7. RACE B. MARRIED NEVER MARRIED	C. CITY OR TOWN D. II	NSIDE CITY LIMITS?	
	Male White WIDOWED DIVORCED	Baltimore	YES P	
9. 1		E. STREET AND NUMBER 514 E. Pratt Street		<u> </u>
17	BIRTHPLACE (State or foreign country) 12. CITIZEN OF	13. FATHER'S NAME		
11.	BALTO Md. WHAT COUNTRY?	Phank MCN/-		
1.45	USUAL OCCUPATION (Give kind of wark) 14B. KIND OF BUSINESS OR INDUSTRY	CORRAES / VEIN		
	e during most of working life, even if retired)	10. MOTHER 3 MAIDEN IVAME		
_	REULATION SALES NEWSPAPER	FLORENCE KAISEN	?	
	WAS DECEASED EVER IN U.S. ARMED FORCES? s, no arynknawn) (If yes, give wor ar doles af service)	IB. INFORMANT	ADDRESS	DOTA . MIL AUE
	19. CAUSE OF DEAT	TH THE THE THE THE		OXIMATE INTERVAL IN ONSET AND DEATH
		is of Liver		
	LEADING TO DEATH  (A)IMMEDIATE C			
	(This daes not meon the made of dying, e.g., heart failure, asthenia, etc. It means the disease, injury arcomplication which caused death.)	S A CONSEQUENCE OF:		
	ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING  DUE TO, OR	AS A CONSEQUENCE OF:		
	RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.			
Z	(C)			
CERTIFICATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING			
S	TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).			
E	20A. DATE OF OPERATION   20B. CONDITION FOR WHICH OPERATION WA	S PERFORMED	21 AUTOP	SY? (Yes or Na)
8	7	TEN ORMED		
A.	22A. EXTERNAL CAUSE WAS 22B PLACE OF INJURY (e.g.,	is a shared 22C WHERE DID (III) Balances Cia		(partial)
	UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH.	in ar about 22C. WHERE DID (If in Baltimare City bldg., etc.) INJURY OCCUR?	y, give exact locotian)	
Σ	22D. TIME (Month) (Doy) (Year) (Hour) 22E.INJURY OCCURRED OF INJURY	22F. HOW DID INJURY OCCUR?		
	(APPROX.) WHILE AT NOT AT W	WHILE ORK		
		rtial)	L :	
		e Hamicide Undetermined		
	resulted fram: Natural causes 🔀 Accident 🗆 Suicid		manner	
	ACTUAL / / ///	CHIEF MEDICAL EXAMINER	D	ATE SIGNED
	SIGNATURE / Crosps M/ Chief M.D.			
	EXAMINER'S Ronald N. Kornblum, M.D.	ASSOCIATE MEDICAL EXAMINER	October 11	1968
24	NAME (Type)  A. BURIAL CREMATION,   248. DATE   24C. NAME of CEMETERY	or CAMAZONT 24D. LOCATION	(City, tawn, or county)	(Stote)
	MOVAL (Specify)	AA D	22	(Stole)
	BURIAL 10-13-68 MORELAND	MEMORIAL PK.	VALTO, Co.	Mcl.
25.	A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR	ADDRESS	
	OCT 1 6 1968 Read & ptarley	a hasta Crackling 5	444 BE	LAIR Rel
VS	151-REV. 1/1/6B	10 4 4 4	, , – , – ,	

Aug. 2739, 255 63 == E. F. Hd. WEA Charles I'SVEIN ONE HATEL SHEET HERITAGE FLORENCE NOWE TO LESS 21700-552 HARR CHARDES T. M. VERC 570. A. T. BIRIAL MITTER MORELAND NEWWARK



IMPORTANT

DIRECTOR:

FUNERAL

VS 150-REV. 1/1/6B

BALTIMORE CITY HEALTH DEPARTMENT

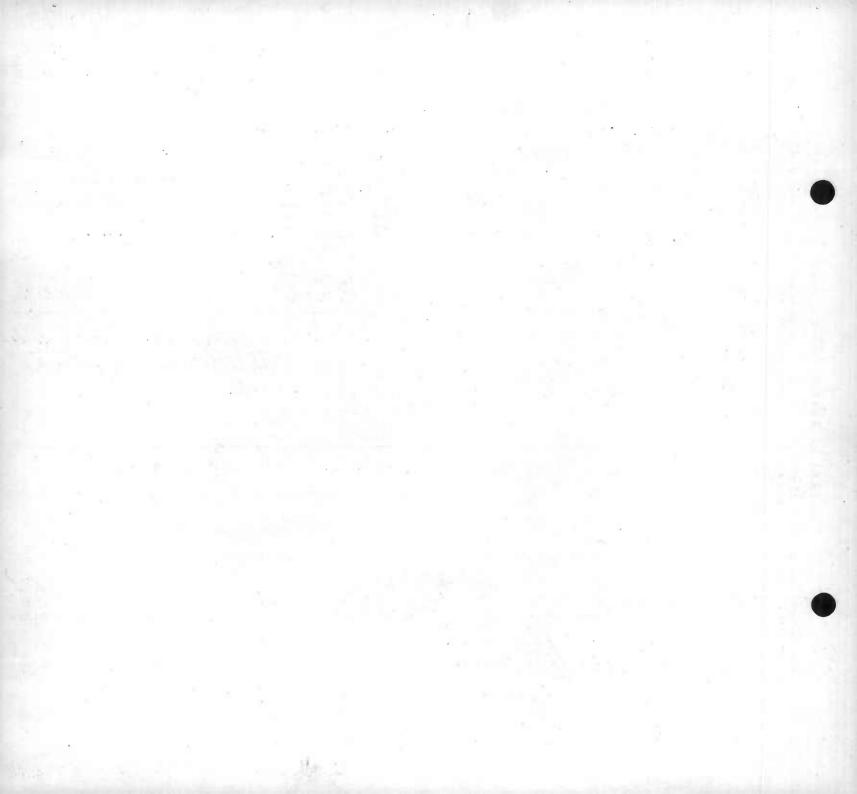
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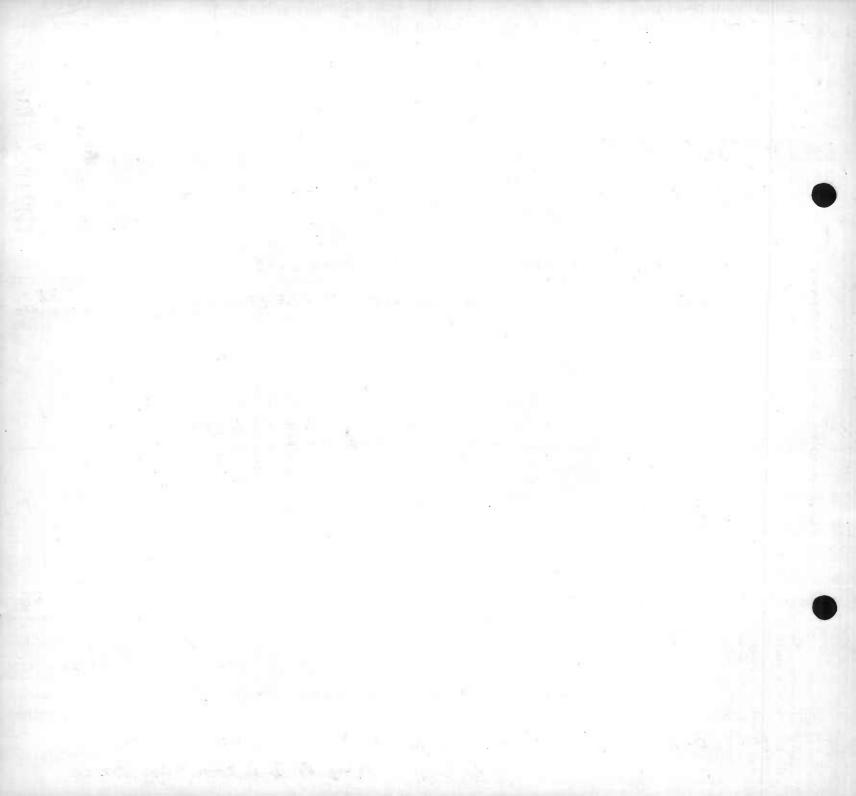
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If Under 24 Hrs.

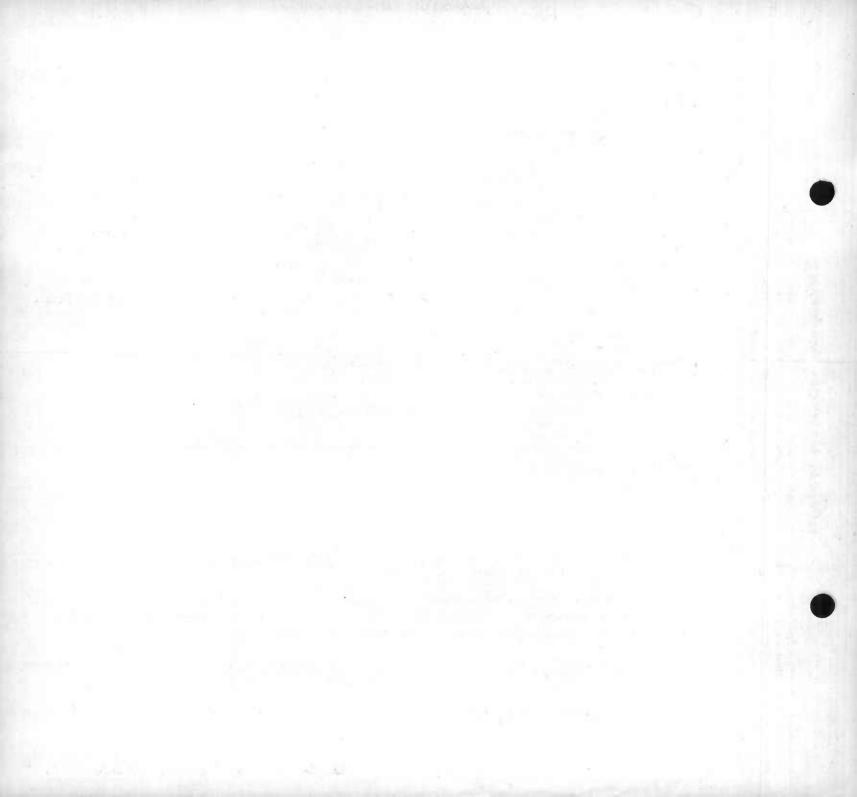
REG. NO.





deceased shows: 3

9 A.M. 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE
B. COUNTY If Under 24 Hrs. If Under 1 Yr. Hours 12. CITIZEN OF WHAT COUNTRY? U.S.A. ADDRESS Mrs. Elizabeth Hammer, 1600 Pentwood Road. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 208, IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If in Boltimore City, give exact location) ond that In(my) (aur) opinion death accurred on the date 23B, DATE SIGNED Ulrich Tuneral Home 4210 Belair Road. VS 150-REV, 1/1/68



18.01.1 more freely a come that they wear lettering in a come chow much placed in made describer le THE THE SHEET BOOKS OF STREET AND SERVICES

VS 150-REV. 1/1/6B

THE TON THE WAS END ON MARCHARD UTAN CHILD MULLIUS SOUTH CHARLES COSSY MAT HEEL OUA CHAPTER ALLES CHEMOVAS CHURRY CHURS - THE STREET MEN NEGGEGERAL BRENMENTS 5 AMERICATION REM ERIC M. FINE MC

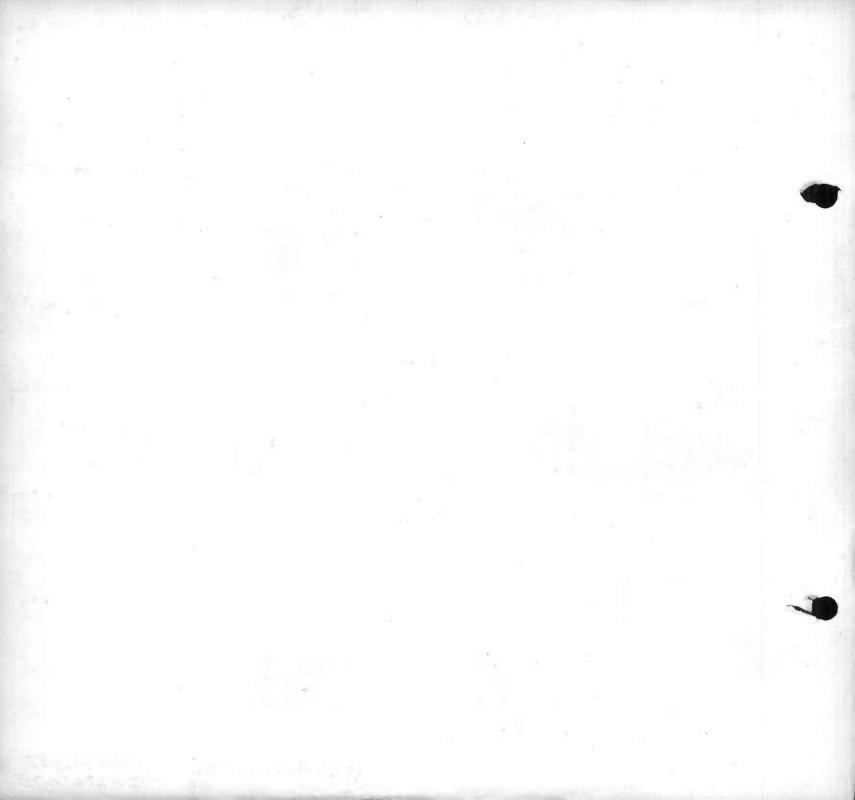
If Under 24 Hrs.

Hours

11. S.A.

IMPORTANT DIRECTOR: FUNERAL

VS 150-REV, 1/1/6B



C-636

## 68-10456 BALTIMORE CITY HEALTH DEPARTMENT

68-10456		6	8		1	0	4	5	6
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	CERTIFICATE OF DEATH REG. NO.
I. NAME OF DECEASED	2. DATE Known X Month Doy Year Hour
(Type or Print)  LEROY CARTER	OF
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	DEATH Estimoted 10 13 68 6:25 p M.  3. DATE Month Doy Year Hour
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET	PRONOUNCED DEAD
HOSPITAL ADDRESS OR LOCATION)	October 13, 1968 6:25 p м.
CERTIFICATE AMENDED	5. USUAL RESIDENCE (Where deceosed lived. If institution: residence before odmission) A. STATE B. COUNTY
Pier Four Pratt St. D.O.A.10-28-	Maryland Maryland
6. SEX 7. RACE 8. MARRIED NEVER MARRIED	
Male Colored WIDOWED DIVORCED	Balto.
9. DATE OF BIRTH 10. AGE (In years If Under 1 Yr. If Under 24 Hrs lost birthdoy) Months; Doys; Hours Min	E. STREET AND NUMBER
11/8/27 41 ?	2538 Calerton Heights
11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF	13. FATHER'S NAME
Baltimore Maryland WHAT COUNTRY?	Laman Camban Ca
14A.USUAL OCCUPATION (Give kind of work 14B. KIND OF BUSINESS OR INDUSTI	Leroy Carter Sr.
done during most of working life, even if retired)	
Custodian Office Bldg.	Edna Moten
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give wor or dotes of service)  17. SOCIAL SECURITY NO.	1B. INFORMANT ADDRESS
Yes no or unknown) (If yes, give wor or dotes of service) 214-20-7513	Edna Carter 2538 Calverton Heights
19- 45 44 XI CAUSE OF DE	ATH  APPROXIMATE INTERVAL  BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY	4
LEADING TO DEATH	Drarmina
(A)MMEDIATE (This does not mean the mode of dying, e.g., (DUFTO OR	CAUSE Drowning AS A CONSEQUENCE OF:
heort foilure, osthenio, etc. It meons the diseose, Injury or complication which coused death.)	AND A CONSEQUENCE OF.
injury of compression which coused debility	
ANTECEDENT CAUSES (B)	
DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO, OF	R AS A CONSEQUENCE OF:
RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	
(c)	
E E 9 75 X II	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL	
OITHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).  20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION V	
20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION V	VAS PERFORMED 21. AUTOPSY? (Yes or No)
	ves
22A. EXTERNAL CAUSE WAS 22B.PLACE OF INJURY(e.g.	., in or obout 22C. WHERE DID (If in Boltimore City, give exoct locotion) ice bldg., etc.) INJURY OCCUR?
UNDERLYING OR CONTRIB- home, form, foctory, street, off UTING CAUSE OF DEATH. Water	
22D TIME (Month) (Doy) (Year) (Hours) 22E INILIPY OCCUPRED	Pier 4 Pratt St. 22F. HOW DID INJURY OCCUR?
OF INJURY WHILE AT NO	Subject found in water
(APPROX.) 10 13 68 5:45?m. WORK	work X Subject found in water
1 certify that I held an Inquiry   Inspection   A	utopsy and that an this basis, death in my apinian
resul (ed from Natural caused )	
resulted from Naturo causes   Mercent Duic	
	CHIEF MEDICAL EXAMINER DATE SIGNED
ACTUAL SIGNATURE M.	D. ASSISTANT MEDICAL EXAMINER
EXAMINER'S	ASSOCIATE MEDICAL EXAMINER
NAME (Type) Edward F. Wilson, M.I	
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETER	Y or CREMATORY 24D. LOCATION (City, town, or county) (Stote)
REMOVAL (Specify) Burial 10/17/68 Balto Nation	nal Cem. Baltimore Maryland
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR ADDRESS
238. DATE REC D DI TIENCITI DELLI.	Herbert E. Nutter 3035 W. Nobth Ave.
DOT 1 6 1968 10 0 0 0 0 7 10 10	Merner C. Mrcrer 2022 M. Morrell WAS.

BIRTH NO.

FULL NAME OF HOSPITAL

6. SEX

14/ dar

16

Male

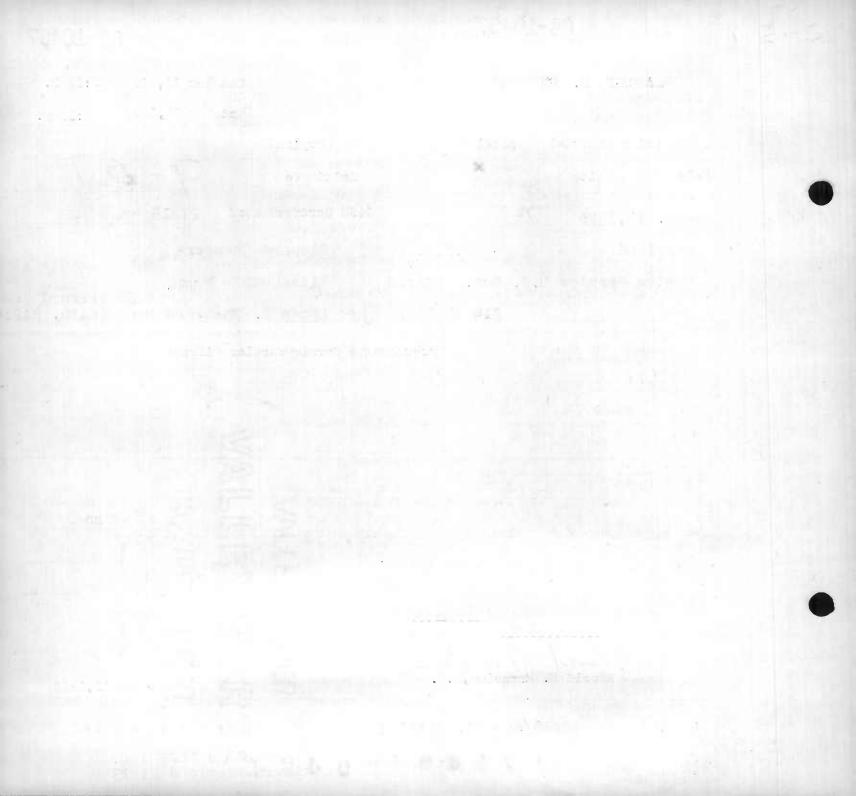
OR INSTITUTION

9. DATE OF BIRTH

1. NAME OF DECEASED

-10457BALTIMORE CITY HEALTH DEPARTMENT MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO. 2. DATE Known | Manth Day Year Haur (Type or Print) ARCHIE CHAMBERS OF 8:59 P. M. M. October 14, 1968 Estimated DEATH 4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD DATE Day Havr PRONOUNCED DEAD (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) October 14,1968 8:59 P. M. 5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) B. COUNTY A. STATE Maryland Union Memorial Hospital C. CITY OR TOWN 7. RACE INSIDE CITY LIMINS B. MARRIED NEVER MARRIED White Baltimore WIDOWED [ DIVORCED NO YES E 10. AGE (In years last birthday) 72 If Under 1 Yr. If Under 24 Hrs. E. STREET AND NUMBER Manths | Days | Hours | Min. 2658 Hartford Road 21218 Sept. 14,1896 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF 13. FATHER'S NAME WHAT COUNTRY?

	Maryland	U.S.A.	Richard Ch	ambers	
	USUAL OCCUPATION (Give kind of work 14B. KIN		15. MOTHER'S MAIDEN NAME		
lane	custom Service U.S.	Gov. Retired	Elizabeth	Baum	
16.	WAS DECEASED EVER IN U.S. ARMED FORCE	S? 17. SOCIAL	18. INFORMANT	2858	Harford
Yes	i, na arunknawn) (If yes, give war ar dates of service Yes	214 44 7479	Mrs Leona E. C		Balto. 2121
	19.	CAUSE OF DEA			APPROXIMATE INTERVAL ETWEEN ONSET AND DEATH
	7-15-19				ETWEEN UNSET AND DEATH
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH		sive Cardiovascular	Disease	
	(This daes not mean the made of dylng, e.g.,		AS A CONSEQUENCE OF:		
	heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		-		
	ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING	(B)	AS A CONSEQUENCE OF:		10 A 10 A 10 A 10 A 10 A 10 A 10 A 10 A
	RISE TO THE ABOVE CAUSE (A) STATING THE		AS A CONSEQUENCE OF.		
Z	UNDERLYING CONDITION LAST.	(c)	***************************************		
CERTIFICATION	443X II				
<u>S</u>	OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE DEATH BUT NOT RELATED TO THE TERM	AINAL			
븹	DISEASE OR CONDITION GIVEN IN PART 1 (A		C DEDECTIVED		IZODOVO (V-s os No)
S	20A. DATE OF OPERATION 20B. CONDITION	FOR WHICH OPERATION W	AS PERFORMED	21. AU	JTOPSY? (Yes or No)
- 1	2	1			no
MEDICAL	22A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB-	hame, farm, factory, street, affice	in or about 22C. WHERE DID (If in E e bldg., etc.) INJURY OCCUR?	altimare City, give exact locatio	n)
8	UTING CAUSE OF DEATH.				
2	22D. TIME (Manth) (Day) (Year) (Had OF INJURY		22F. HOW DID INJURY	OCCUR?	
	(APPROX.)		WHILE O		
	23.				
	I certify that I held an Inquiry			asis, deoth in my opinior	1
	resulted from Notural couses X	Accident Suicid	de 📙 Homicide 📙 Unde	termined monner	
	(1/1016	/ 11	CHIEF MEDICAL EXAM	INER 🔲	DATE SIGNED
	SIGNATURE CHOCK	enblum M.D	ASSISTANT MEDICAL EXAM	INER X	DAIL STOTTES
		nblum, M.D.	ASSOCIATE MEDICAL EXAM	INER October	15,1968
	NAME (Type)	The second of the second	605114700V		
24/ RE/	A. BURIAL CREMATION, AMOVAL (Specify)	24C. NAME of CEMETERY	ar CREMATORY 24D. LOCA	ATION (City, town, or cau	nty) (State)
	Burial   10/18/68	St. Paul's	Vio	letville Mary	land
25/	A. DATE REC'D BY HEALTH DEPT. 258.	NAME OF REGISTRAR	25C. FUNERAL DIRECTOR	ADDRESS	
	00T 1 8 106VI /09	h & St. Failway	HENRY SANDE	R & SONS INC.	
15	151-REV. 1/1/6B	Cross Car Andrews	Beltimore M	ryland 21215	/
4.2	131-NEV. 1/1/00				V



IMPORTANT

DIRECTOR:

FUNERAL

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VS 150-REV. 1/1/68

Balto. Md. 21212

BALTIMORE CITY HEALTH DEPARTMENT

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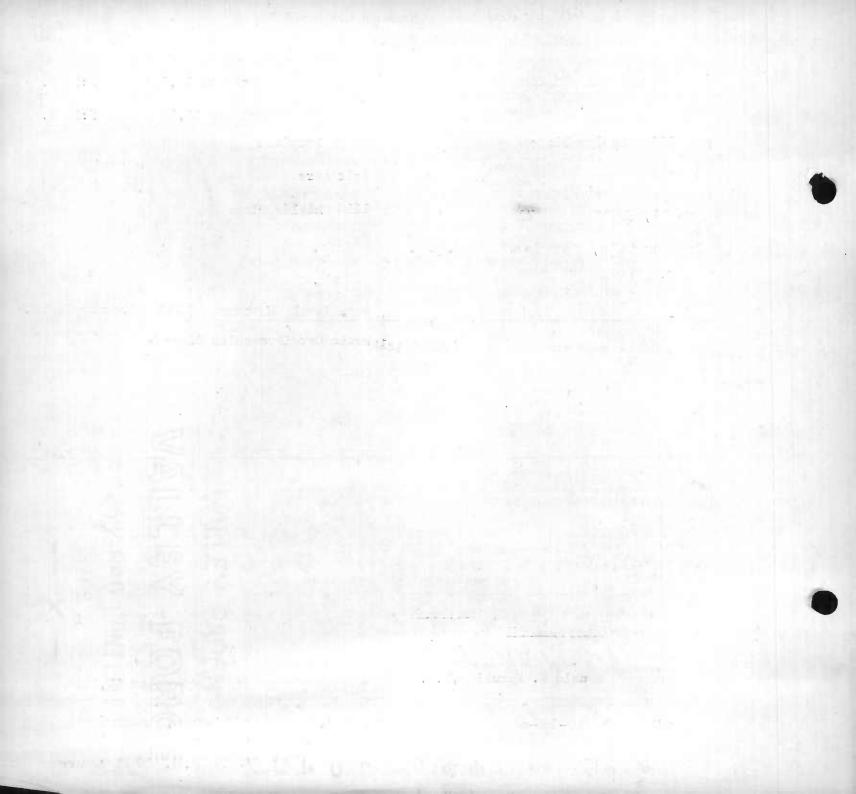
William Harrest in To - The

68-10460 BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

68-104	6	0
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BIRTH NO.	REG. NO.
1. NAME OF DECEASED (Type or Print) CADADENIA LITNIMAN	2. DATE Known Month Day Year Hour
(Type of Print) SARARENA HINTON	OF DEATH Estimoted Ocotber 11,1968 5:30 P. M.
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	3. DATE Month Doy Year Hour
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL ADDRESS OR LOCATION) OR INSTITUTION	PRONOUNCED DEAD October 11, 1968 5:30 P. M.  5. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission)
00 1110 Shields Place	A. STATE Maryland B. COUNTY
6. SEX 7. RACE B. MARRIED NEVER MARRIED	C. CITY OR TOWN P. INSIDE CITY LIMITS?
Female Negro widowed Divorced	Baltimore YES SE NO []
9. DATE OF BIRTH 10. AGE (In years lost birthd   If Under 1 Yr. If Under 24 Hrs.   Months, Doys, Hours, Min.   Months, Mi	E. STREET AND NUMBER 1110 Shields Place
11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF	13. FATHER'S NAME
Centerville, Maryland WHAI COUNTRY?	Unk.
14A.USUAL OCCUPATION (Give kind of work) 14B. KIND OF BUSINESS OR INDUSTRY	
done during most of working life, even if retired)  Retired	Unk.
16. WAS DECEASED EVER IN U.S. ARMED FORCES? [17. SOCIAL	18. INFORMANT ADDRESS
(Yes, no or unknown) (If yes, give wor or doles of service) SECURITY NO.	Mr. Paul Hinton 3311 Liberty Hgts.
19. CAUSE OF DEA	TH APPROXIMATE INTERVAL
	Lerotic Cardiovascular Disease
LEADING TO DEATH (A)IMMEDIATE C	CAUSE
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which coused de oth.)	AS A CONSEQUENCE OF:
RISE TO THE ABOVE CAUSE (A) STATING THE	AS A CONSEQUENCE OF:
Z UNDERLYING CONDITION LAST. (C)	2 #00 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
P +22,1 11	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).  20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WA	
20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W	AS PERFORMED 21. AUTOPSY? (Yes or No)
8	
Z2A. EXTERNAL CAUSE WAS 22B. PLACE OF INJURY (e.g.,	in or obout 22C. WHERE DID (If in Boltimore City, give exact location)
UNDERLYING OR CONTRIB- home, form, foctory, street, office UTING CAUSE OF DEATH.	e bldg., etc.) INJURY OCCUR?
OF INJURY (Month) (Doy) (Yeor) (Hour) 22E.INJURY OCCURRED	22F. HOW DID INJURY OCCUR?
(APPROY) WHILE AI NOT	WHILE O
23.	tapsy and that an this basis, death in my apinian
resulted fram: Natural causes X Accident Suicio	
0 10.1/11	CHIEF MEDICAL EXAMINER
SIGNATURE Curold WCul	ASSISTANT MEDICAL EXAMINER X
EXAMINER'S Ronald N. Kornblum, M.D. NAME (Type)	ASSOCIATE MEDICAL EXAMINER Ocotber 12,1968
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY	or CREMATORY 24D. LOCATION (City, town, or county) (State)
REMOVAL (Specify)	
Burial 10-16-68 Mount Aubu	rn Cem. Baltimore, Maryland
Burial 10-16-68 Mount Aubu: 25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	rn Cem. Baltimore, Maryland  25C. FUNERAL DIRECTOR ADDRESS



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	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular afterdance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death).	24/	A B
	D. O. D. C.	1	34
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		VS	150

	657	BALTIMORE CITY	HEALTH DEPARTMENT		00 40404
	BIRTH NO. 68-10	1461 CERTIFICA	TE OF DEATH	Registered No.	68-10461
	1. NAME OF DECEASED		2. DATE AN	D HOUR OF DEATH	
	(Type or Print) MAWY B. LA	NATHEE	16	43/68	610 PM.
	3. PLACE OF DEATH IN BALTIMORE, MARYLAND	The same which	4. USUAL RESIDENCE (Where A. STATE B. COUN	deceosed lived. If in	stitution: residence before odmission)
	FULL NAME OF (If not in hospital or instituti HOSPITAL OR oddress or location) INSTITUTION	on, give street	C. CITY OR TOWN (If out	side city limit <del>s, wit</del> e	RURAL ond give toweship)
4	33 Johns Hopkins K	OSPITAL	D. STREET ADDRESS (III	urol, give location)	-0)
#			807 M.	DALLUS	ST
43		IED, NEVER MARRIED WED, DIVORCED (specify)	8. DATE OF BIRTH  8/21/04	ost birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min,
	10A. USUAL OCCUPATION (Give kind of work 10B, KIND done during most of working life, even if retired)	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign	gn country)	12. CITIZEN OF WHAT COUNTRY?
	, ,	home	MARHLAND		USA.
	13. FATHERS NAME		14. MOTHER'S MAIDEN NAM	ΛE	
	EVAMS GEORGE		LUCY Wh	ittime FO	N
	15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dates of service)	1 6. SOCIAL	17. INFORMANT	NR SNI+6.8	17 ADDRESS SON
	Ma	213-14-1176 A	Tellow	Shrot	· · · · · · · · · · · · · · · · · · ·
	1B. 2	CAUSE O	F DEATH	7716	INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY		1		
	LEADING TO DEATH (This does not mean the made of dying,	(A)	Later - Cekeb	10- VASCELL	1 RECIDENT 484 x3.
	heart failure, asthenia, etc. It means the dise	ise,			
	ANTECEDENT CAUSES	(B)	HAPARTEMSION		
	DISEASES OR CONDITIONS, if any, give				
3	rise to the above cause (A) stating UNDERLYING CONDITION tast.	lhe (C)	DIABPTES		000000000000000000000000000000000000000
	260X II				
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.				
		OR WHICH OPERATION	11 C REMAL  20A. AUTOPSY? (Yes or No.)	FAILURE	FINDINGS CONSIDERED
	19A. DATE OF OPERATION 19B. CONDITION F WAS PERFORMED	OK WHICH OFEKAHON	YC.S	IN CERTIFYING CA	USES OF DEATH?
	OP CONTRIBUTING CAUSE OF	21 B. PLACE OF INJURY (e.g., i home, form, foctory, street, o	n or obout 21C. WHERE DID	(If in Boltimor	e City, give exoct locotion)
2	DEATH (notify medical examiner)	etc.)	ince sing, indokt OCCUR!		
3	2) D. TIME (Month) (Doy) (Year) (Hour)	21E. INJURY OCCURRED	21 F. HOW DID INJ	URY OCCUR?	
	(APPROX)	While At Work Not While At Work	е		
	22. I certify that (1) (this hospital) attende	ed the deceased from	10/12	9 6 8 to	10/15 19 68.
	that (I) ( <del>we)</del> -lost sow the deceased alive	on 1-1/3			
	ond hour ond fram the couses stoted obay	, ,			
	23A. SIGNATURE			5	23B, DATE SIGNED
	John H Stole	M.D. Atte		Staff Phys.	10/13/68
	23C. PHYSICIAN'S NAME (Pype)	C	23D. ADDRESS	1/	11 1
1	JOHN 1) .	STOBO M.D.	THE JOHNS	MOPK	INS HOSPITAL
3	24A. BURIAL CREMATION, REMOVAL (Specify) 24B. DATE 24	C. NAME of CEMETERY OF CR		OCATION (C	ity, town, or county) (Stote)
	Burial 10-17-68 1	ALOF REGISTRAN	25C FUNERAL DIRECTOR	KE Anus	del Co. Md.
	25A. DATE REC'D BY HEALTH DEPT. 25B. NA	AE OF REGISTRAL	25C FUNERAL DIRECTOR	0000	ADDRESS
•	<b>96</b> 7 1 6 1968 (1) &	and E. Markey May	- Vaudolphy Go	Blick 243/	E Oliver St.
	VS 150-REV. 1/1/65		0		

JOHN D. STOBO THE JOHNS HOPKIMS HOPFINE

Was

VS 150-REV. 1/1/68

Deceased

cause

deat

68-10462 BALTIMO	FICATE OF DEATH	REG. NO	68-10462
	FELD MANN OCT	HOUR OF DEATH	1968 11:30 A.M.
ND, WHERE PRONOUNCED DEAD		deceased lived. If in:	stitution; residence before admission)

BIRTH NO I. NAME OF DECEASED (Type or Print) 3. PLACE IN BALTIMORE MARYL. C. CITY OR TOWN (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) FULL NAME OF HOSPITAL OR INSTITUTION BACTIMOR E. STREET AND NUMBER 106 S CASTLE STREET 106 S CASTLE If Under 1 Yr. Months: Doys Il Under 24 Hrs. 6. RACE S. SEX 7. MARRIED NEVER MARRIED Hours last birthdox WHITE DIVORCED 12. CITIZEN OF WHAT COUNTRY? BALTIMORE 14. MOTHER'S MAIDEN NAME USA. HOUSE WIFE UNK JOHN MCCAFFREY ELIZABETH ADDRESS 15. Was Deceased Ever in U. S. Armed Forces? 7. INFORMANT 6. SOCIAL (Yes, no or unknown) (If yes, give wor ar dotes of service) SECURITY NO. 106 GERARD CHARLES FELDMANY NOHE CAUSE OF DEATH BETWEEN ONSET AND DEAT DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the made of dying, e.g., DUE TO, OR AS A CONSEQUENCE OF heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DUE TO, OR AS A CONSEQUENCE OF DISEASES OR CONDITIONS, if ony, giving the obove cause (A) stating the UNDERLYING CONDITION lost OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A) 9A. DATE OF OPERATION 198 CONDITION FOR WHICH OPERATION 20 A. AUTOPSY? (Yes or No) 208, IF YES, WERE FINDINGS CONSIDERED WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? 2TA. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or about 21C. WHERE DID hame, farm, lactory, street, office bldg., INJURY OCCUR? (If In Baltimare City, give exact location) OR CONTRIBUTING CAUSE OF MEDICAL DEATH (notily medical examiner) 21 D. TIME (Hour) (Month) (Doy) (Year) 21 E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY While At Not While [ (APPROX.) Work At Work 22. I certify that (I) (this hospital) attended the deceased from that (1) (we) last saw the deceased alive an ...and that in (my) (our) opinion death accurred on the date and haur and from the causes stated above. (I) (We) (did) (did not) view the body after death. 23A. SIGNATURE 23 B. DATE SIGNED Attending Phys. Med 23 D. ADDRESS 24A. BURIAL CREMATION, OCT 18 1968 OLD FREDERICK ROAD MO CATHEORAL CEM. BIRPER BROSING 1800 E LOMBARDS

te part actions 

1. 1	CO ADAC2 BALTIMORE CIT	Y HEALTH DEPARTMENT	11	00-10462
4	BIRTH NO. 68-10463 CERTIFICA	ATE OF DEATH	REO NO.	66-10463
	1, NAME OF DECEASED	2. DATE AND HO	OUR OF DEATH	
	(Type or Print) Helen - Gresel	ex Octob	er 14.1968	7 . M.
	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where dec	eased lived if institution:	residence before admission)
	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	Maryland C. CITY ORNOWN	Baltimor D. INSIDE CITY	LIMITS?
	90	E. STREET AND NUMBER	YES	No 🔀
ن ن	Gould Convalesarium	6 Mc Corm	rick Av	enue
0	S. SEX 6. RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AC	E (In years If Under birthday) Months	er 1 Yr. II Under 24 Hrs.
S ma	Female White WIDOWED DIVORCED	Feb 18, 1895	76	
- 11	to A. USUAL OCCUPATION (Give kind of work 10 B. KIND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE Stote or foreign co	untry) 12. CIT	ZEN OF WHAT COUNTRY?
9	House wife At Home	Baltimara	Marchael	1151
Sell	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	rargiana	0, 2, 71
disposition	WATHOUR SCZYMONSKI	ES TELLA UNI	known	ADDRESS
	15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (II yes, give wor or dates of service) SECURITY NO.	17. INFORMANT	. /3	106 Overbrook
	No 216-09-3533		eseler La	Bowie Hd.
0	1B. / O O I CAUSE OF DEA	TH		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
0	DISEASE OR CONDITION DIRECTLY	MAL INFARCTION		3 days
E	(A)IMMEDIATE CA	AUSE		4
00		SACONSEQUENCE OF: NSIVE-ARTE KIDSEL		
e B		LARDIUVASLULAR		15 YEARS
	ANTECEDENT CAUSES (B)		0135705	
are	DISEASES OR CONDITIONS, if any, giving DUE TO, OR A	S A CONSEQUENCE OF:		
Su	UNDERLYING CONDITION last. (C)	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~		
6	_ 420,1 II			
the remains	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING			
0	▼ DISEASE OR CONDITION GIVEN IN PART 1 (A).	120 A		
	WAS PERFORMED	20 A. AUTOPSY? (Yes or No.) 20E IN	CERTIFYING CAUSES OF	S CONSIDERED DEATH?
betore	21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g. home, lorm, foctory, street, etc.)	, in or about 21 C. WHERE DID office bldg., INJURY OCCUR?	(If in Baltimore City, giv	ve exact location)
	21D.TIME (Month) (Doy) (Year) (Hour) 21E, INJURY OCCURRED	21F. HOW DID INJURY	OCCUR?	
ained	(APPROX.) While At Not Wi	nile		
Dta	22. I certify that (I) (this hespital) attended the deceased from	July 1 6 195	3 to 04	· 14 1968,
0	that (1) (we) last saw the deceased clive on Del. 14			
De			(my) (out-p apinion dec	oth occurred on the date
15	and hour and from the couses stated above. (1) (We) (did) (did not)	view the body ofter deoth.	loop DA	75 4101150
must	23A. SIGNATURE	Hending Med. Staff	238. DA	TE SIGNED
	GEGREE PH	nys. Director Phys.		et. 15,1968
approval	23C. PHYSICIAN'S NAME (Type)	23D. ADDRESS	1	1 1. 1.1
b	Adam G. Dwigs Millpegre	6232 Belai	r Road	Balto, Md.
	24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of C		ION (City, town,	or county) (State)
written	Burial Oct 17,1968 Oaklann	Cemetery Ba	Ito. Mar	yland
2	25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	2 DO DOS LARLOS	1. Jun D.	6: P.1
	DOI I U IOUU II KANO .	1 July No Jores	Inc III De	May Mel

. Aspetican

VS 151-REV. 1/1/68

## 68-10464 baltimore city health department

MEDICAL EXAMINER'S CERTIFICATE OF DEATH BEGINS

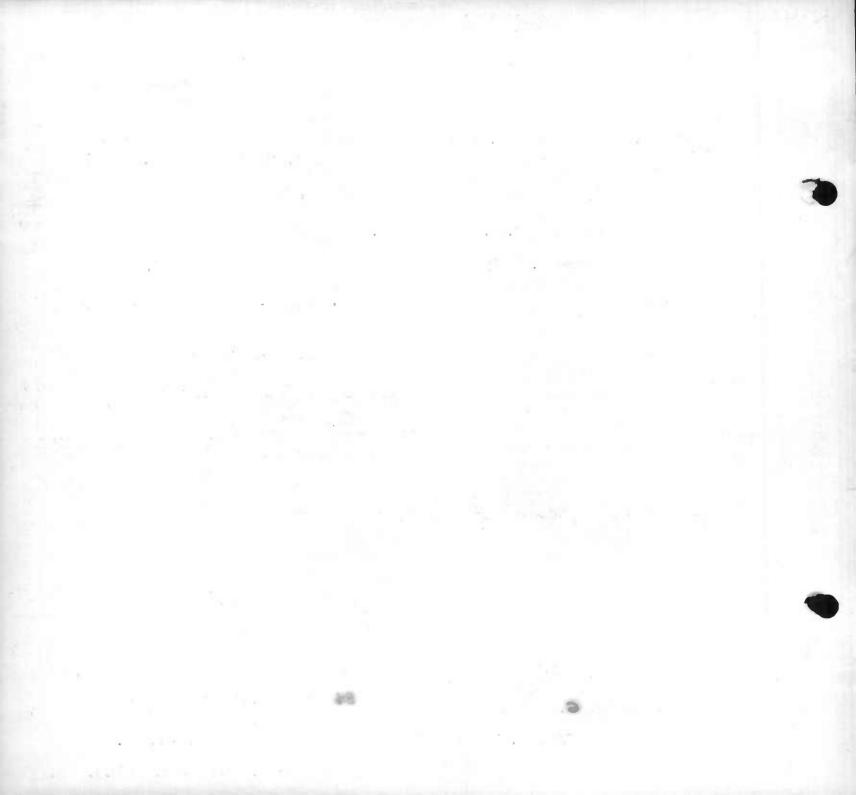
68-10464

BIRTH NO.	REG. NO.
NAME OF DECEASED	2. DATE Known Manth Day Year Hour
Type or Print) BERTHA MCINTYRE	OF DEATH Estimated October 10,1968 9:00 P. M.
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	3. DATE Month Doy Yeor Hour
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR INSTITUTION GIVE STREET ADDRESS OR LOCATION)	PRONOUNCED DEAD Ocotber 10,1968 9:00 P.M.
UNION MEMORIAL HOSPITAL (DOA)	5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)  A. STATE Maryland  B. COUNTY
6. SEX 7. RACE 8. MARRIED NEVER MARRIED	C. CITY OR TOWN D. INSIDE CITY LIMITS?
Female Negro widowed Divorced	Baltimore No T
P. DATE OF BIRTH  10. AGE (In years    If Under 1 Yr. If Under 24 Hrs.	E. STREET AND NUMBER  2223 N. Calvert Street
11. BIRTHOLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?	13. FATHER'S NAME
4A.USUAL OCCUPATION (Give kind of work) 14B. KIND OF BUSINESS OR INDUSTRY	VIIS MOTHER'S MAIDEN NAME
lane during most of working life, even if retired)	
Damestic	anknown
16. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no-grunknown) (I yes, give wor ar dates af service)	H INFORMANT ADDRESS
19. CAUSE OF DEA	TH APPROXIMATE INTERVAL
Z 5 7 0 1	BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY Carbon	Monoxide Poisioning
(A)IMMEDIATE C	CAUSE AS A CONSEQUENCE OF:
heart failure, asthenia, etc. It means the discose, injury or camplication which caused deoth.)	43 A CONSEQUENCE OF
injury of complication which coosed deom.	
ANTECEDENT CAUSES (B)	
DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO, OR	AS A CONSEQUENCE OF:
RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C)	
Ŏ	
OF COLUMN (C)	
TO THE DEATH BUT NOT RELATED TO THE TERMINAL	
DISEASE OR CONDITION GIVEN IN PART 1 (A).  20A. DATE OF OPERATION (20B. CONDITION FOR WHICH OPERATION W.	AS PERFORMED 21. AUTOPSY? (Yes or No)
O A	
	yes
	in ar about 22C. WHERE DID (If in Baltimare City, give exact lacation) te bldg., etc.) INJURY OCCUR?
UTING CAUSE OF DEATH.	2223 N. Calvert Street - 3rd Floor
	22F. HOW DID INJURY OCCUR?
(APPROX.)Oct.10,1968 8:24 P. m. WHILE AT WORK	WHILE Subject found in bathroom
23.	TORK LED
I certify that I held an Inquiry Inspection Au	atapsy 🗷 and that an this basis, death in my aplnian
resulted from: Matural courses Achident & Suicio	de Hamicide Undetermined manner
	CHIEF MEDICAL EXAMINER
ACTUAL SANT TO	ASSISTANT MEDICAL EXAMINER 🔀
SIGNATURE	,
Edward F. Wilson, M.D.	ASSOCIATE MEDICAL EXAMINER U Ocotber 11,1968
NAME (Type)  24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY	ar CREMATORY 24D. LOCATION (City, town, or caunty) (State)
REMOVAL (Specify)	1 (Store)
Duriel 10,18,68 mt. Co.11	sum Is alto Mo Di
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	25C. SUNERAL DIRECTOR ADDRESS
DOT 1 7 1000 DO BY O FAIR WA	o to will sky sky

10/17/68 - Carbon monoride hu to Face in Fonce - Med Exam

x 355 1

(	8-10466	BALTIMORE CITY	TE OF DEATH	REG. NO	68-10466
BIRTH NO.  1. NAME OF DECEASED  (Type or Print) THOMAS	J.	KELLY	2. DATE A	ober 15,	1968   2.00 P
3. PLACE IN BALTIMORE, MARYLAND	, WHERE PRONOUN		4. USUAL RESIDENCE (WI	nere deceased lived. If	institution: residence before odmission
FULL NAME OF (IF NOT IN HO HOSPITAL OR ADDRESS OR LINSTITUTION	SPITAL OR INSTITUTI	ON, GIVE STREET	Maryland c. CITY OR TOWN	d	ISIDE CITY LIMITS?
1652 E. Belvede	re Ave. A	pt T8	Baltimore  E. STREET AND NUMBER		YES 🛣 NO 🗌
00			1652 E. Be	lvedere A	ve.,Apt T8
Male White	WIDOWED		July 17, 1892		If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
ioa. USUAL OCCUPATION (Give kind of done during most of working life, even if reti Retired Accountant	ed)	elephone Co.		reign country)	USA
13. FATHER'S NAME			14. MOTHER'S MAIDEN N	AME	
	J. Kelly			Mollie	J. Conway
(Yes, no or unknown) (If yes, give wor or	dates of service)	6. SOCIAL SECURITY NO.	Mrs. Annie E.	Kelly	(Same)
21A. ACCIDENT WAS UNDERLYIN OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 0 21D. TIME (Month) (Day) (Y	if any, giving (A) staling the  CONTRIBUTING TO THE TERMINAL PART 1 (A). CONDITION FOR WH PERFORMED  273. Pt hodge, etc.	- Car bound	20 A. AUTOPSY? (Yes or in or obout 21 C. WHERE DID fiftee bldg., INJURY OCCUR?	(If in Boltim	E FINDINGS CONSIDERED AUSES OF DEATH?
21D. TIME (Month) (Doy) (YOF INJURY	While	At Not Whi	le 🗂	NJURY OCCUR?	
22. I certify that (I) (this has that (I) (we) last sow the decorand hour and from the causes	eosed alive on	10/1	11 /20 4 19 68 ond		pinian deoth occurred on the dat
23A. SIGNATURE  23C. PHYSICIAN'S NAME (Type)  Dr. Robert 5.  24A. BURIAL CREMATION, 24B. DAT REMOVAL (Specify) Burial  10/1		DEGREE Phy DEGREE AE of CEMETERY of CR	23D. Address Park Ave EMATORY  24D.	LOCATION	ce, Md. (City, town, or county) (Stote)
707	18/68. Loud	on Park Ceme	tery	Baltimor	re, Md.

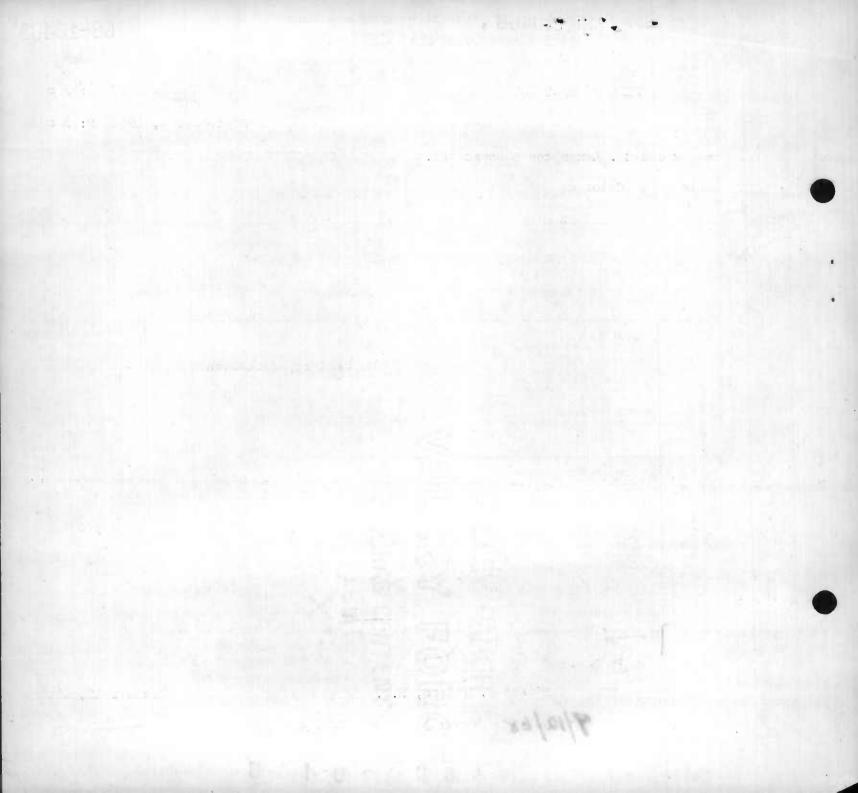




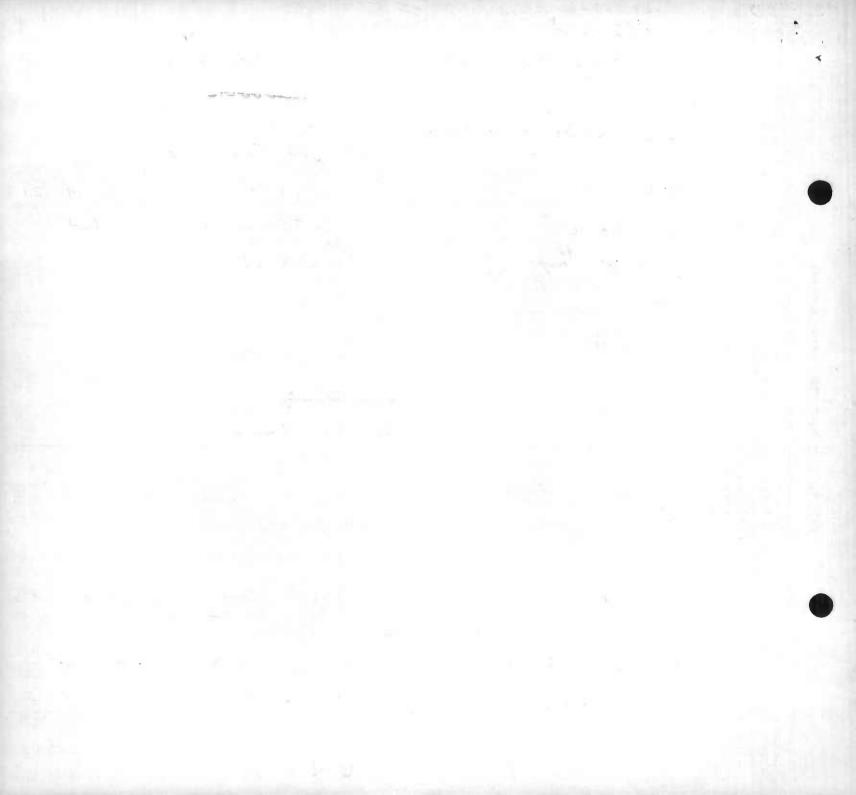
			2. DATE	Knawn 🙀	Month	Doy Ye	or Hour
(Type or Print)	UN BARY BOY		OF DEATH	Estimoted 🗌	9 4	/ 6	8 9.35 a M.
4. PLACE IN BALTIMORE,			3. DATE PRONOUI	NCED DEAD	Month	Day Ye	or Hour
FULL NAME OF (IF HOSPITAL AD OR INSTITUTION	NOT IN HOSPITAL OR INSTITUTE  DRESS OR LOCATION)	IUIION, GIVE STREET	5. USUAL RES			f institution: reside	8 9.35 a M. nce before admission)
O O Hocht Co	Lexington & H	Journal St	A. STATE		В. С	OUNTY	0-00
6. SEX Hecht Co.	8. MARRIE	D NEVER MARRIED	C. CITY OR T	OWN	D.	INSIDE CITY LIMI	TS?
	lored WIDOWE			?		YES 🗌	NO 🗆
9. DATE OF BIRTH		If Under 1 Yr. If Under 24 Hrs. Months, Doys, Hours, Min.	E. STREET AN	ND NUMBER			
11. BIRTHPLACE (Stote or lo		2. CITIZEN OF WHAT COUNTRY?	13. FATHER'S	NAME		11-51	
14A.USUAL OCCUPATION done during most of working life		OF BUSINESS OR INDUSTRY	15. MOTHER	S MAIDEN NAME			
6. WAS DECEASED EVER		17. SOCIAL SECURITY NO.	18. INFORMA	ANT		ADDRESS	5
Yes, no or unknown) (If yes, gi	ive wor or doles of service)	SECORITI NO.					APPROXIMATE INTERVAL
LEADING  (This does not meon heart lailure, asthenia Injury or complication		(A)IMMEDIATE ( DUE TO, OR A	CAUSE N 20 AS A CONSECU	lect of ne	wborn		
DISEASES OR CONI	ENT CAUSES DITIONS, IF ANY, GIVING CAUSE (A) STATING THE IDITION LAST.		AS A CONSEQ	UENCE OF:			
OF STATE OTHER SIGNIFICANT	II CONDITIONS CONTRIBUTI	(C)					
O THE DEATH BUT I	NOT RELATED TO THE TERMIN			******************			
20A. DATE OF OPERAT	TION 20B. CONDITION F	OR WHICH OPERATION W	AS PERFORME	D		21. A	UTOPSY? (Yes or No)
ZZA. EXTERNAL CAL	USE WAS 2	28. PLACE OF INJURY(e.g.,	in or obout 22	C. WHERE DID (IE	in Boltimore Ci	ty, give exoct locati	yes yes
UNDERLYING OR C		some, form, foctory street, olfic		JURY OCCUR?	shows.	un H-	0/
	(Doy) (Year) (Hour)	22E.INJURY OCCURRED	22	F. HOW DID INJU	IRY OCCUR?		
22D. TIME (Month)	inknown.		WHILE VORK	le	nkne	wo	
OF INJURY (APPROX.)	0 0 . / 1						
OF INJURY (APPROX.)		Inspection Au	topsy XX	and that on this	s basis, deo	th In my opinio	on
OF INJURY (APPROX.)  23.  I certify that	I held on Inquiry		de Hor	and that on this	s basis, deo ndetermined		on
OF INJURY (APPROX.)  23.  I certify that resulted from		Accident Suicio	de Hor	nicide U	ndetermined AMINER	monner	DATE SIGNED
OF INJURY (APPROX.)  23.  I certify that resulted from	I held on Inquiry		de Hor C ASSIS	nicide U	AMINER AMINER	monner	

9CT 17 1968 Robert E. Fortuna

VS 151-REV. 1/1/6B



>	-100	1/20 F3 68-10469 CEDTIFICATE OF DEATH REG. NO. 68-10469 P
	the day	BIRTH NO. 430 - 52468-10469 CERTIFICATE OF DEATH  REG. NO. 68-10469 P
	and ase ase th	1. NAME OF DECEASED (Type or Print) Boy Shipe 2. Date AND HOUR OF DEATH October 5, 1968 6:21 P.
	f d d d on P on P on P on P on P on P on	3, PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceased lived, if institution, residence obvious ordination)
	spi () D nce	A. STATE B. COUNTY
	hos ause b; (5) dance o dec	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION)  C. CITY OR TOWN  D. INSIDE CITY LIMITS?
	cau cau rend	Sura: Hospital of Baltimore Baltimore 07 YES X NO
	ca ca	E. STREET AND NUMBER 3317 Essex Rd.
	ar de d	
	tribu mine gula sed mad	Mole Wildowed Divorced October 5, 1968 (In years of Butth 19, Age (In years of Butth 19, Age (In years of Butth 19, Age (In years of Butth 19, Age (In years of Butth 19, Age (In years of Butth 19, Age (In years of Butth 19, Age (In years of Butth 19, Age (In years of Butth 19, Age (In years of Butth 19, Age (In years)) (In under 14 Hrs. Months) (In years) (In under 14 Hrs. Months) (In years) (
	re- re- re- re-	10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country)
	in in dec	newborn Boltimore, Md USA
	de de	13. FATHER'S NAME // 14. MOTHER'S MAIDEN NAME
Ż	(4) the the ispo	Lany Shipe Engenie Eberwein
V	e di ind; eath e on al d	15. Wos Deceased Ever in U. S. Armed Forces? (Yes, no or unknownt (If yes, give wor or dotes of servicet SECURITY NO.
RT/	the the kind de de find	no
0	if if if if if if if if if if if if if i	18. 7 6 1 2 1 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
IMP	his of of unc ten	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
=	Al Al	(This does not mean the made of dying, e.g., heart failure, asthenia, etc. It means the disease,
8	ner er. ctu pro lar	injury ar camplication which caused death.)
10	fra fra ho egu	ANTECEDENT CAUSES (B) prematinity
EC	×axaxaxax	DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the
3	s ins	UNDERLYING CONDITION last. (C) freemothorof
0	.= 0 2 0 5 5	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
S	medice burr bhysi an w	TO THE DEATH BUT NOT RELATED TO THE TERMINAL    TO THE DEATH BUT NOT RELATED TO THE TERMINAL   DISEASE OR CONDITION GIVEN IN PART 1 (A).
NER	a nody ody	O THE DEATH BUT NOT RELATED TO THE TERMINAL  DISEASE OR CONDITION GIVEN IN PART 1 (A).  19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION  WAS PERFORMED  20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
5	Booth thys	21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID (If in Boltimore City, give exact location)
L	the all by (2) ere o ph	OR CONTRIBUTING CAUSE OF home, form, foctory, street, office bldg., INJURY OCCUR?
	by why	D 21D. TIME (Month) (Doy' (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?
	hos naturaturaturaturaturaturaturaturaturatur	OF INJURY (APPROX.)  While At Work  At Work
	he he ny ny ny ny ny ny ny ny ny ny ny ny ny	22. I certify that ( (this haspital) attended the deceased from October 5, 1965 to October 5, 1965
	0 + = 0 0	that (1) (we) last saw the deceased alive an October 5, 1968 and that in (aur) apinian death accurred an the date
	0 0 5 7	and haur and fram the causes stated abave. (We) (dld) (did-not) view the bady after death.
	ust be eased dent ospit deat	23A. SIGNATURE 23B. DATE SIGNED
	5-2-5-	Todal M. Glodstone, M.D. DEGREE Phys.   Med.   Shaff   Director   Phys.   Oct 5, 1968
	An ac An ac prior	23C. PHYSICIAN'S NAME (Typet  Simoi Hospital of Boltimore 21215
	We we by Ar by bring	1000 M. Gradstone, M.D. GEOREE
	certificate body was a vs. (1) An a D.O.A. at assed prior ten approv	24A. BURIAL CREMATION, REMOVAL (Specify) 24B. DATE 24C. NAME of CEMETERY or CREMATORY 24D. LOCATION (City, town, or squarty) 1 1 (State)
	This certificate the body was r shows: (1) An awas D.O.A. at deceased prior written approv	25A. DATE REC'D BY HEALTH DEPT.   25B. NAME OF REGISTRAR   25C. FUNERAL DIRECTOR   25C. FUNERAL DIRECTOR
	This the k show was dece	ACT 17 1968 10 0 192 Stalland 2 O MONTHARY SERVICE RCHIE
		VS 150-REV. 1/1/6B



IMPORTANT

DIRECTOR:

FUNERAL

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to the physical process.

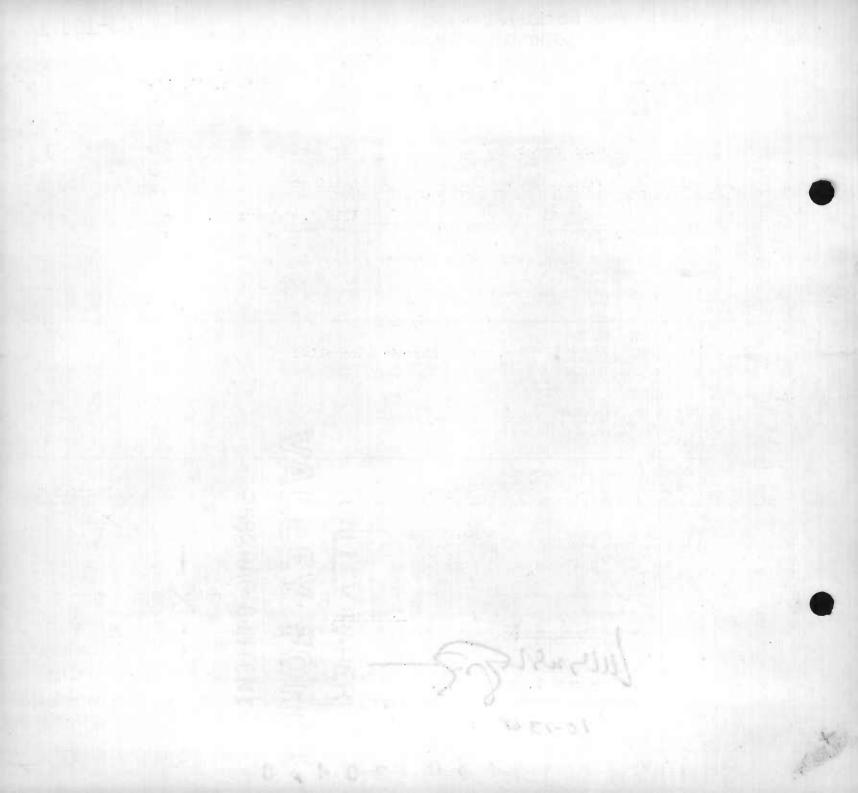
W-416

VS 151-REV. 1/1/6B

## 68-10471 BALTIMORE CITY HEALTH DEPARTMENT

68-10471

BIRTH NO.	^	MEDICAL	EXAMINER'S	CERTIFICATE OF DEATH REG. NO.	
I. NAME OF DEC				2. DATE Known Month Doy Yes	or Hour
(Type of Print) RITCHI	E		WOLFORD	DEATH Estimoted & Sept. 20, 1968	UNK M
		ND. WHERE PE	ONOUNCED DEAD	3. DATE Manth Day Yes	1111
FULL NAME OF HOSPITAL OR INSTITUTION	(IF NOT IN H		NUTION, GIVE STREET	PRONOUNCED DEAD September 24, 196  5. USUAL RESIDENCE (Where deceased lived. If institution: reside)	
0 (1315 N	Calvert	Street		A. STATE  Maryland	ice perore camission)
6. SEX	7. RACE	8. MARE	IED NEVER MARRIED	C. CITY OR TOWN D. INSIDE CITY LIMIT	rs?
male	white	WIDOV	VED DIVORCED	Baltimore VES X	NO 🗆
9. DATE OF BIRTH		AGE (In years birthday) 53	If Under 1 Yr. If Under 24 Hrs. Months, Doys, Haurs, Min.		
11. BIRTHPLACE (S	tote or foreign coi	entry)	12. CITIZEN OF WHAT COUNTRY?	13. FATHER'S NAME	
14A.USUAL OCCU			OF BUSINESS OR INDUSTR	Y 15. MOTHER'S MAIDEN NAME	ELE III
16. WAS DECEAS (Yes, no or unknown)	ED EVER IN U.S.	ARMED FORCES dotes of service	17. SOCIAL SECURITY NO.	IB. INFORMANT ADDRESS	
19.	321		CAUSE OF DEA	ATH	APPROXIMATE INTERVAL
DISEAS	E OR CONDITIO	N DIRECTLY	Channi		
	LEADING TO DE		(A)IMMEDIATE	CAUSE CAUSE	
(This does n	ot mean the mode, osthenio, etc. It me	e of dying, e.g.,		AS A CONSEQUENCE OF:	
injury or con	nplication which cou	ised deoth.)			
A.	NTECEDENT CAU	ere	4-1		
	OR CONDITIONS		DUE TO, OR	AS A CONSEQUENCE OF:	**************************************
RISE TO THE	ABOVE CAUSE	(A) STATING THE			
Z	10 CONDITION	LASI.	(C)		
TO THE DE	II IIFICANT CONDITION OF RELA	THE TO THE TELLIN			
DISEASE OR	CONDITION GIVE			AC PERSONAL DE LA COMPANIA DE LA COMPANIA DE LA COMPANIA DE LA COMPANIA DE LA COMPANIA DE LA COMPANIA DE LA COMPANIA DE LA COMPANIA DE LA COMPANIA DE LA COMPANIA DE LA COMPANIA DE LA COMPANIA DE LA COMPANIA DE LA COMPANIA DE LA COMPANIA DE LA COMPANIA DE LA COMPANIA DE LA COMPANIA DE LA COMPANIA DE LA COMPANIA DE LA COMPANIA DE LA COMPANIA DE LA COMPANIA DE LA COMPANIA DE LA COMPANIA DE LA COMPANIA DE LA COMPANIA DE LA COMPANIA DE LA COMPANIA DE LA COMPANIA DE LA COMPANIA DE LA COMPANIA DE LA COMPANIA DE LA COMPANIA DE LA COMPANIA DE LA COMPANIA DE LA COMPANIA DE LA COMPANIA DE LA COMPANIA DE LA COMPANIA DE LA COMPANIA DEL COMPANIA DEL COMPANIA DE LA COMPANIA DE LA COMPANIA DE LA COMPANIA DE LA COMPANIA DE LA COMPANIA DE LA COMPANIA DE LA COMPANIA DE LA COMPANIA DE LA COMPANIA DE LA COMPANIA DE LA COMPANIA DE LA COMPANIA DE LA COMPANIA DE LA COMPANIA DE LA COMPANIA DE LA COMPANIA DE LA COMPANIA DE LA COMPANIA DE LA COMPANIA DE LA COMPANIA DE LA COMPANIA DE LA COMPANIA DE LA COMPANIA DE LA COMPANIA DE LA COMPANIA DE LA COMPANIA DE LA COMPANIA DE LA COMPANIA DE LA COMPANIA DE LA COMPANIA DE LA COMPANIA DE LA COMPANIA DE LA COMPANIA DE LA COMPANIA DE LA COMPANIA DE LA COMPANIA DE LA COMPANIA DE LA COMPANIA DE LA COMPANIA DE LA COMPANIA DE LA COMPANIA DE LA COMPANIA DE LA COMPANIA DE LA COMPANIA DE LA COMPANIA DE LA COMPANIA DE LA COMPANIA DE LA COMPANIA DE LA COMPANIA DE LA COMPANIA DE LA COMPANIA DE LA COMPANIA DE LA COMPANIA DE LA COMPANIA DE LA COMPANIA DE LA COMPANIA DE LA COMPANIA DE LA COMPANIA DE LA COMPANIA DE LA COMPANIA DE LA COMPANIA DE LA COMPANIA DE LA COMPANIA DE LA COMPANIA DE LA COMPANIA DE LA COMPANIA DE LA COMPANIA DE LA COMPANIA DE LA COMPANIA DE LA COMPANIA DE LA COMPANIA DEL COMPANIA DEL COMPANIA DE LA COMPANIA DE LA COMPANIA DEL COMPANIA DEL COMPANIA DEL COMPANIA DEL COMPANIA DE LA COMPANIA DEL COMPANIA DEL COMPANIA DEL COMPANIA DEL COMPANIA DEL COMPANIA DEL COMPANIA DEL COMPANIA DEL COMPANIA DEL COMPANIA DEL COMPANIA DEL COMPANIA DEL COMPANIA DEL COMPANIA DEL COMPANIA DEL COMPANIA DEL COMPAN	Partial
O J	- OPERATION 20	B. CONDITION	FOR WHICH OPERATION W	VAS PERFORMED 21. AI	Yes or No)
UNDERLYING	NAL CAUSE WAS OR CONTRIB- USE OF DEATH.			, in or obout 22C, WHERE DID (If in Boltimore City, give exoct locotice bldg., etc.) INJURY OCCUR?	on)
OF INJURY		(Yeor) (Hou		22F. HOW DID INJURY OCCUR?	
(APPROX.)			m. WORK AT	WORK L	
23.	ify that I held	an Inquiry [	Inspection PA	utapsy 🛛 and that on this basis, death in my opinla	n
resul	ted fam: Natur	al causes X	Accident Suici	de Homicide Undetermined manner	
	1	• •		CHIEF MEDICAL EXAMINER	
ACTUAL		2015	700	ASSISTANT MEDICAL EXAMINER	DATE SIGNED
SIGNATI EXAMIN NAME (1	ERS Werr	ner U. Sp	tz, M.D.	ASSOCIATE MEDICAL EXAMINER	9/24/68
24A. BURIAL CRE	MATION, 24B.	DATE	AC. NAME of CEMETERY	ar CREMATORY 24D. LOCATION (City, town) of cou	ubty) A (State) 1
REMOVAL (Speci	(fy) / C	1-13-68		LINIVERSITY MEDICAL	SCHOOL
25A. DATE REC'D	BY HEALTH DEPT	. 25B. N	IAME OF REGISTRAR	25C. FUNERAL DIRECTOR ADDRESS	DCHD



IMPORTAN

DIRECTOR:

FUNERAL



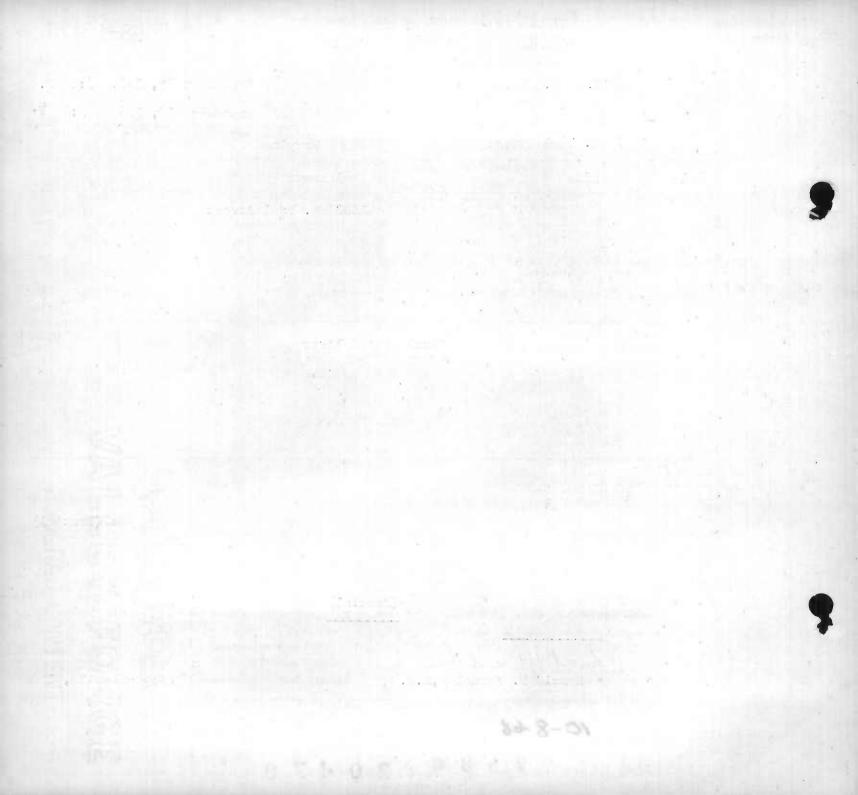
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68-10473 BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

00.	4	0	A	my	-
68-	L	U	4	8	C

BIE	TH NO.		MILD	ICAL		AMIIAFY	LKIIII	CAILOI	DLAI	REG. NO.			
1.	NAME OF DEC	CEASED					2. DATE	Known 🗌	Month	Doy	Yeor	Hour	
(Ту	oe or Print)	WILLIA	M E.	LAB	ER		OF DEATH	Estimoted	Septem	ber 19,	1968	5:40	P. M.
4.	PLACE IN BAL	TIMORE, MAR	RYLAND, W	HERE PI	RONO	UNCED DEAD	3. DATE		Month	Doy	Yeor	Hour	100
	L NAME OF	(IF NOT	IN HOSPITA	LORINS	TITUTIO	N, GIVE STREET	PRONO	UNCED DEAD	Septem	ber 19,	1968	5:40	0 %
HO	SPITAL	ADDRES	S OR LOCA	TION)			5. USUAL I	RESIDENCE (Whe	re decensed liv	ved. If institution	: residence	before odm	ission)
	001	1603 St.	Pau1	Stre	et		A. STATE	Marylan		B. COUNTY			
	SEX	7. RACE		B. MARE	RIED	NEVER MARRIED	C. CITY O			D. INSIDE CI	TY LIMITS?		
]	Male	Whi	.te	WIDOV			Bali	timore		1/ / VE	S	Don	
9.	DATE OF BIRT		10.AGE (Ir lost birthdo		If Und Month	der 1 Yr. If Under 24 Hrs. s. Doys Hours Min.		AND NUMBER St. Paul	Street	1			
11.	BIRTHPLACE (S	State or foreign	country)			TIZEN OF HAT COUNTRY?	13. FATHER	R'S NAME		Ψ.,			AU e
	USUAL OCCU			148. KIN	O OF B	USINESS OR INDUSTRY	15. MOTH	ER'S MAIDEN NA	ME				
	11110	en euen it.	16 4545	FORE	<u> </u>	17. 505141	10 15155	MANIT			DDRESS		
	was deceas s, no or unknown					17. SOCIAL SECURITY NO.	18. INFOR	MANI		AL	DDRESS		
_	19.	10.				CAUSE OF DEA	TH					APPROXIMATE I	
	- / /	17				Cirrhosi	s of L	iver			DELL	WEEN ONSET	AND DEATH
		SE OR CONDI		CILY									
	(This does n	not meon the i	mode of dy			(A)IMMEDIATE O	AS A CONSE	QUENCE OF:		*********			
		a, osthenio, etc. mplication which											
		NTECEDENT				(B)DUE TO, OR	AS A CONS						
	RISE TO TH	OR CONDITION	ISE (A) STA	TING THE		DUE TO, OR	AS A CONSI	EQUENCE OF:					
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Ĕ		RCONDITION											
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ਹ	1										yes	(Part:	ial)
CAL		NAL CAUSE V				LACE OF INJURY(e.g., form, foctory, street, offic			(If In Boltimo	re City, give exo	ct location)		
MEDI	UTING CA	AUSE OF DEA	TH. oy) (Yeo	r) (Hou	1 22	E.INJURY OCCURRED		22F. HOW DID 1	VIIIBA UCC	(D2			
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	ACTUAL		el	UK	test.	ble "	ASS	ISTANT MEDICAL		x		DATE SIC	GNED
F	SIGNAT EXAMIN NAME (	IER'S	Ronald	i N.	Korı	nblum, M.D.		OCIATE MEDICAL	EXAMINER	□ Ser	tembe	er 20,	1968
	A. BURIAL CRE	MATION, 2	48. DATE		240	NAME of CEMETERY	ar CREMAT	ORY 24E	LOCATION	(City, town	n, ör couhty	y) === (S	ráře)
RE	MOVAL (Spec	ify)	10-8	3-68	3			UNIVE	RSITY	MEDIC	CAL	SCHO	OL
25	A. DATE REC'D	BY HEALTH D	EPT.	258. N	VAME (	OF REGISTRAR	25Ç,	FUNERAL DIREC	TOR	A	DDRESS		5
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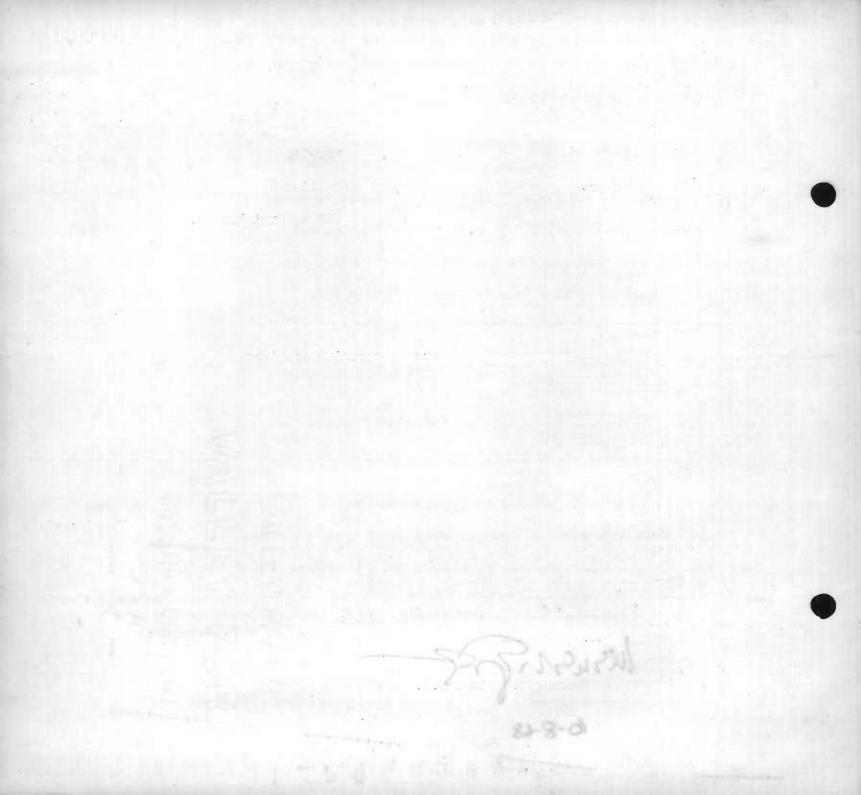
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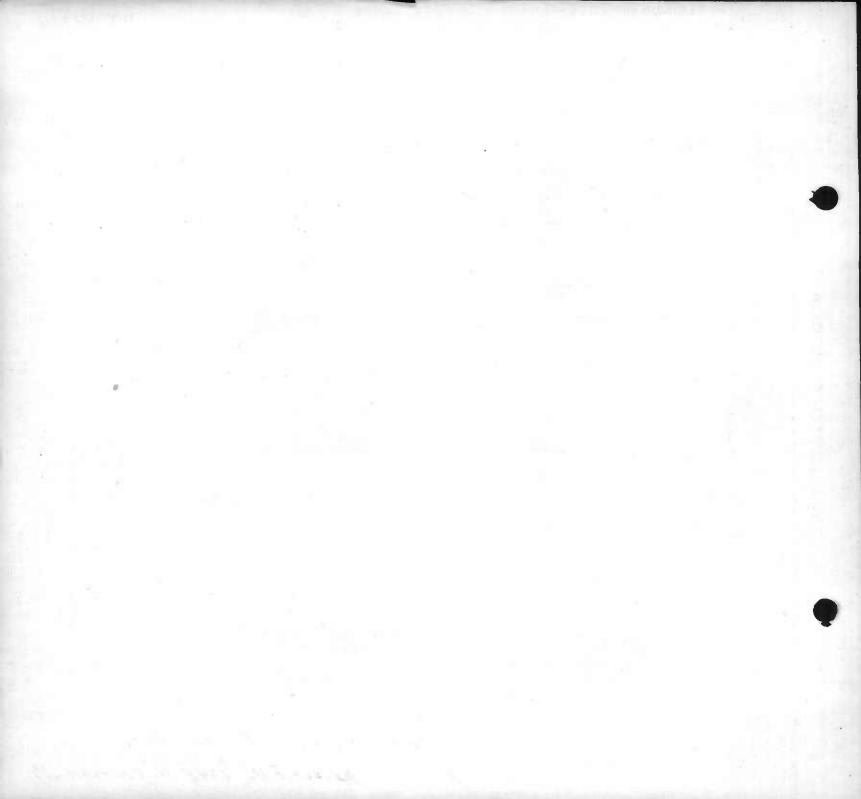
68-10474 BALTIMORE CITY HEALTH DEPARTMENT

## MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG NO.

	6	8		1	0	4	7	9
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BIR	TH NO.									KEG. NO.	
	NAME OF DEC	EASED					2. DATE OF	Known X	Manth	Day	Year Haur
	GILBERT			SI	NOWDE	N	DEATH	Estimated 🗆	Septe	mber 26,	1968 12:45 M.
4. F	PLACE IN BAL	IMORE, MAI	RYLAND, W	HERE PE	RONOUN	ICED DEAD	3. DATE	NICED DEAD	Month	Doy	Yeor Hour
	L NAME OF	(IF NOT	IN HOSPITA	LORINS	TITUTION,	GIVE STREET	PRONOU	NCED DEAD	Septemb	er 26, 1	.968 12:45 P _M
	INSTITUTION	7001121		,				SIDENCE (Where			esidence befare admission)
Y.	Univers	ity Hos	spital				A. STATE	ryland	В	. COUNTY	1 47
6. 5		7. RACE	Prodr	8. 44 A DE	NED A	NEVER MARRIED	C. CITY OR			D. INSIDE CITY	LEMITS?
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7. L	DATE OF BIRT	,	last birthda		Months:	Days   Haurs   Min.					
			44					1 N. Stri	cker S	t.	
11.	BIRTHPLACE (S	tate or foreign	cauntry)		12. CITIZ	AT COUNTRY?	13. FATHER	SNAME			
	.USUAL OCCU			14B. KINE	OF BUS	INESS OR INDUSTR	15. MOTHER	'S MAIDEN NA	ME		
30.11	. oormig mastar w	Orking ine, eve									
	WAS DECEASE					SOCIAL	18. INFORM	ANT		ADD	DRESS
(Tes	s, no or unknown)	(It yes, give w	or or dates	ot service	")	SECURITY NO.					
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7		G CONDITI				(c)					
CERTIFICATION	1-01	Λ	11	_							
I₹I		IFICANT CON	DITIONS CO								
문		CONDITION							****		
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Ö	2		100								Yes (Partial)
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	EXAMIN		Werne	r II.	Spit	z, M.D.		CIATE MEDICAL E	EXAMINER		9/27/68
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	BALTIMORE	CITY	HEALTH	DEPARTMENT
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68-10476

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	ME OF DEC or Print)		n					DEATH		E. 55	Λ.
			Pellu		A HISHAL DES	. 1	-13-68	ved If in	stitution; residenc	o before	A · M.
3. PL.	ACE IN BAL	TIMORE, MARYLAND,	WHERE PRO	NOUNCED DEAD	A. STATE	B. COU	NTY		1		
FULL	NAME OF	(IF NOT IN HOS	PITAL OR INS	STITUTION, GIVE STREET	Marylan	d			1/-	-0	7 _
	ADDRESS OR LOCATION) Provident Hospital, Inc.				C. CITY OR TO	MN		D. INSI	DE CITY LIMITS?		-
2					Baltimo				YES 🔀	NO 🗌	
	) /				E. STREET AN						
					649 W.	Lafaye	tte Ave	nue			
5. SE)	(	6. RACE	7- MARRI	ED NEVER MARRIED	8. DATE OF BIF	TH	9. AGE (In ye	ors	If Under 1 Yr. Months: Doys	It Unde	er 24 Hrs. Min.
F	emale	Negro	WIDOW	PED DIVORCED	3-30-18	92	lost_birthdoy)				
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		George	Brow	n	Lil	lie H	enders	on			
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		ANTECEDENT CAUS	ES	403							
ı	DISEASES (	OR CONDITIONS, i	f anv. aiv	ing DUE TO, OR A	S A CONSEQUEN	CE OF:					
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l	JNDERLYIN	G CONDITION last.		(C)							
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				OR WHICH OPERATION	20A. AUTOP	SY? (Yes or N	IN CERTIFY	ING CAL	INDINGS CON	SIDERED 1?	
E	U ACCIDE	NIT WAS HAIDED VING		21B. PLACE OF INJURY (e.g.,				Yes	e City, give exoc	(location)	
_ 0	OR CONTRIB	NT WAS UNDERLYING UTING CAUSE OF medical examiner)	<b>'</b> □	home, form, factory, street, etc.)	office bldg., INJUI	Y OCCUR?	(IT IN	pommor	e City, give exoc	(oconon)	
0 2	1D. TIME	(Month) (Doy) (Ye	ar) (Hour)	21E. INJURY OCCURRED	21 F. H	OW DID IN	JURY OCCUR	?			
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2	3A. SIGNATI	JRE /	////	,					23B, DATE SIG		
	/ 1	Mach X	Mari	2/ / 1 / 1 Ph		Med. Director	Staff Phys.		10-14-	00	
2	3C.PHYSICIA	AN'S	EN	DEGREE	23D. ADDRESS		,		1		
	NAME (1	Type) Archi	e Robi	nson, Jr. M.D.	803 N. I	remont	Avenue		(2121	7)	
244	BURIAL CRE			DEGREE			LOCATION		ty, town, or cour	. /	(Stote)
ZHA.	REMOVAL (	(Specify)									
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	2	GT 1 7 1968	alapool	JE, Willey	Colson	J. H.	1348	77.	Calhoc	w.	Ilrea
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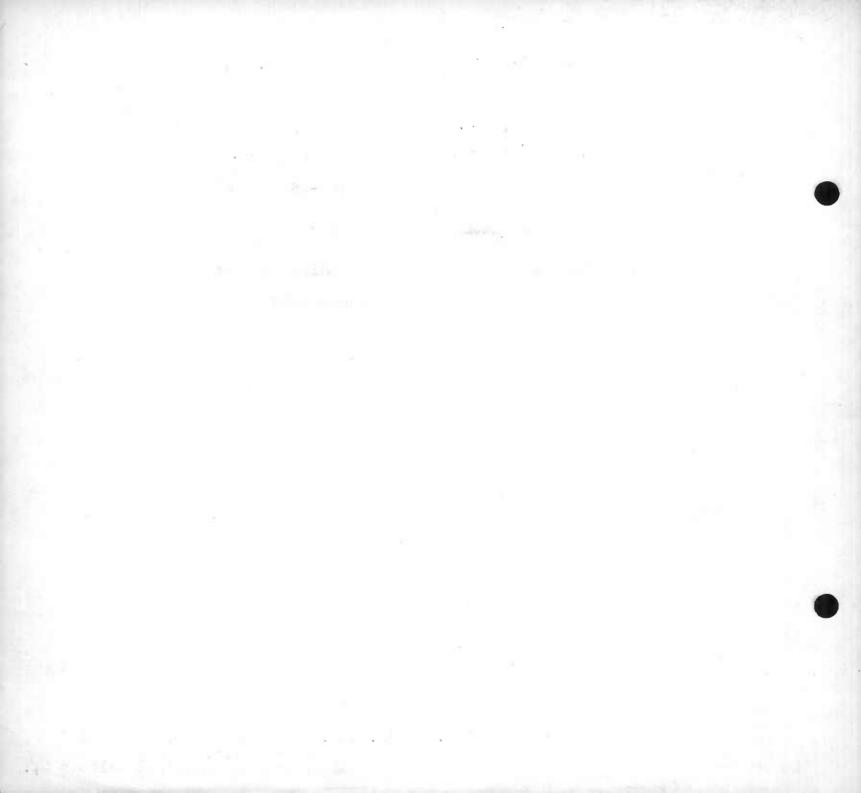
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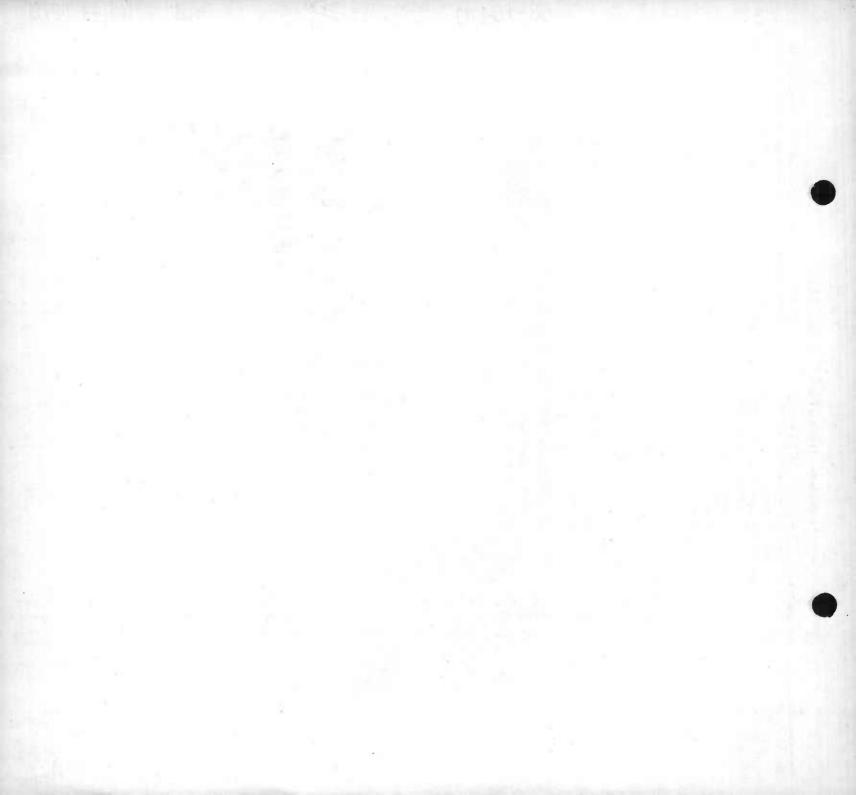


CATE OF DEATH    2. DATE AND HOUR OF DEATH   Oct. 15, 1968   1     14. USUAL RESIDENCE (Where deceased lived, If institution; residence)	
dan Oct. 15, 1968   1	
000 1/9 1/00	1.55
	1:55 ce before odmi
A. STATE 8. COUNTY	-02
Maryland C. CITY OR TOWN D. INSIDE CITY MAILS?	0
	NO []
Baltimore YES X N	140
1612 Thomas Ave.	
8. DATE OF BIRTH 9. AGE (In years If Under 1 Yr.	If Under 2
10-14-25 lost highly Months Doys	Hours A
JSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF V	F WHAT COL
Maryland USA	CA
Maryland USA	JA.
14. MOINER 3 MAIDEN NAME	
Edith Stewart	
17. INFORMANT ADDRES	RESS
James Jordan same	
DEATH   APPROX	OXIMATE INTER
· ·	
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20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSID IN CERTIFYING CAUSES OF DEATH?	SIDERED
NO NO	
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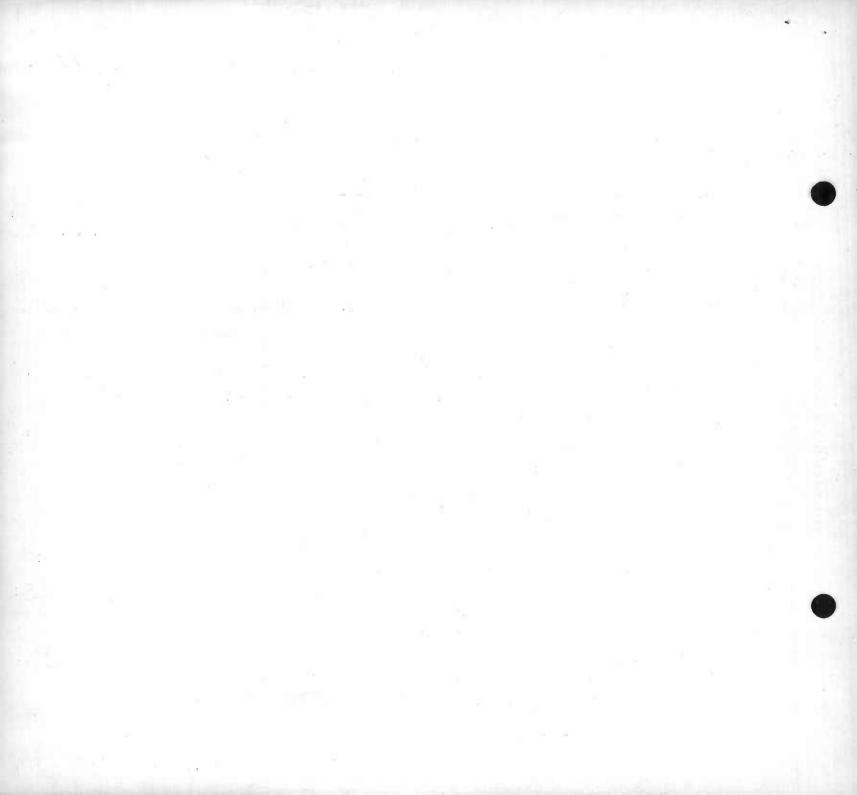
BALTIMORE CITY HEALTH DEPARTM

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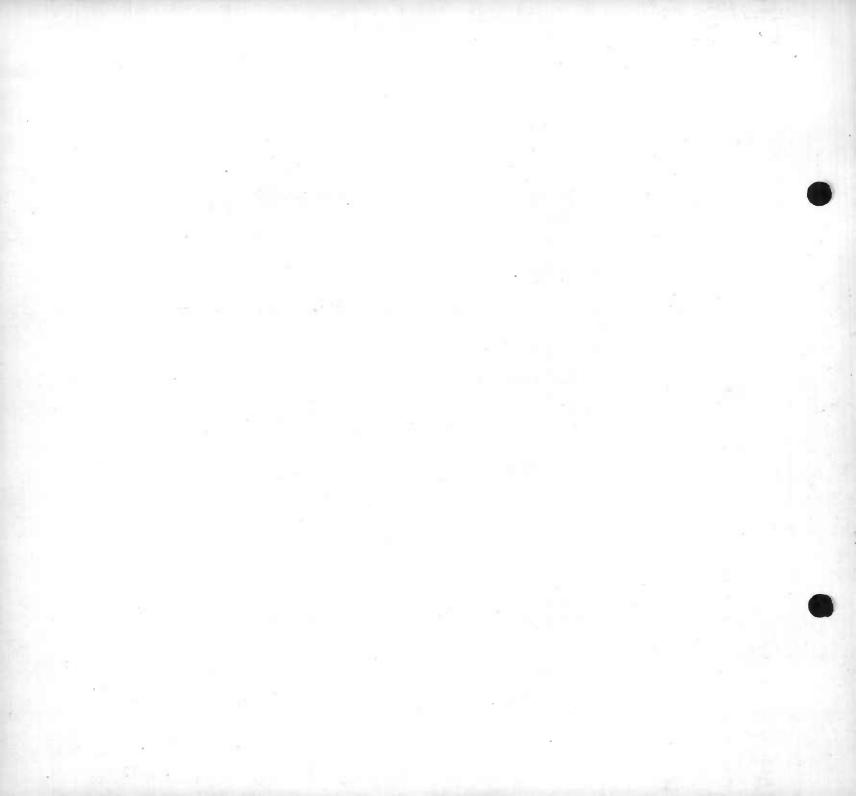
IMPORTANT

FUNERAL DIRECTOR:

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TH REG. NO.	_68-10480
ATE AND HOUR OF DEATH	
TOBER 10, 1968 E (Where deceased lived. If ins. COUNTY	P. M.
	27-70
D. INSI	DE CITY LIMITS?
E	YES NO NO
WBER	
ONSHIRE DRIVE	
9. AGE (In years last birthdoy) 63	If Under 1 Yr. If Under 24 Hrs. Manths Days Hours Min.
e or foreign country)	12. CITIZEN OF WHAT COUNTRY?
	U.S.A.
ENNAME	
?	
	ADDRESS
IRST. 3504 DEVONS	SHIRE DRIVE #21215
- 1	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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execution &	faretm
<b>. (</b>	<b>d</b>
os ar Na) 20B. IF YES, WERE F	INDINGS CONSIDERED
CUR?	e City, give exact location)
DID INJURY OCCUR?	
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deoth.	
	23B. DATE SIGNED
F Staff Phys.	10/11/68
-174	•
STERSTOWN ROAD	
	y, tawn, ar caunty) (State)
BALTIMORE, MA	ARYLAND
RECTOR	ADDRESS
ISON & BROS. 601	REISTERSTOWN ROAD



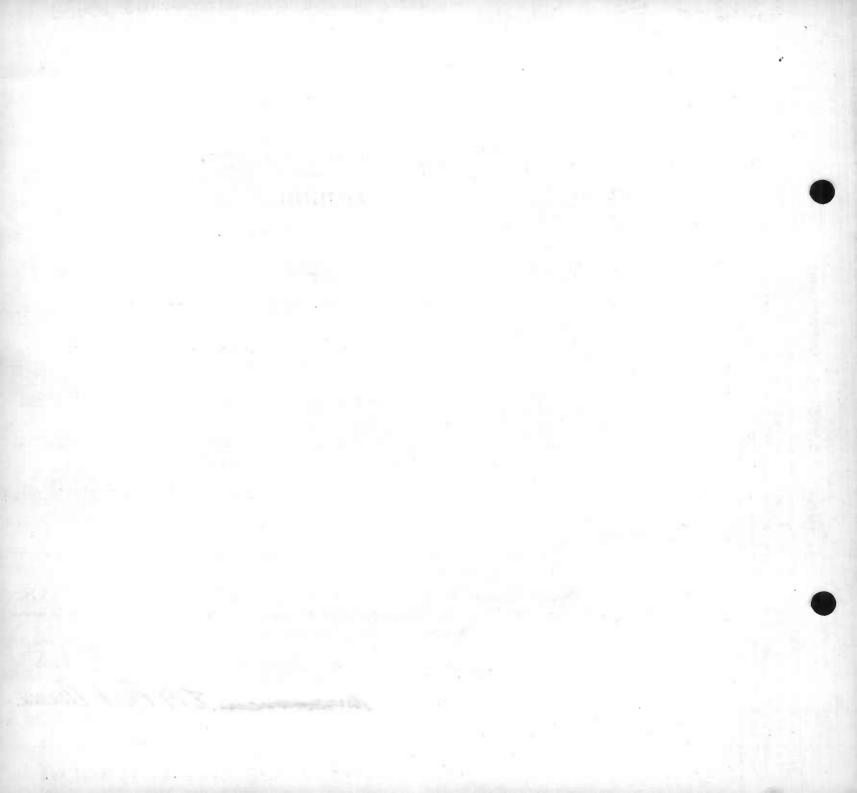
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IMPORTANT

DIRECTOR:

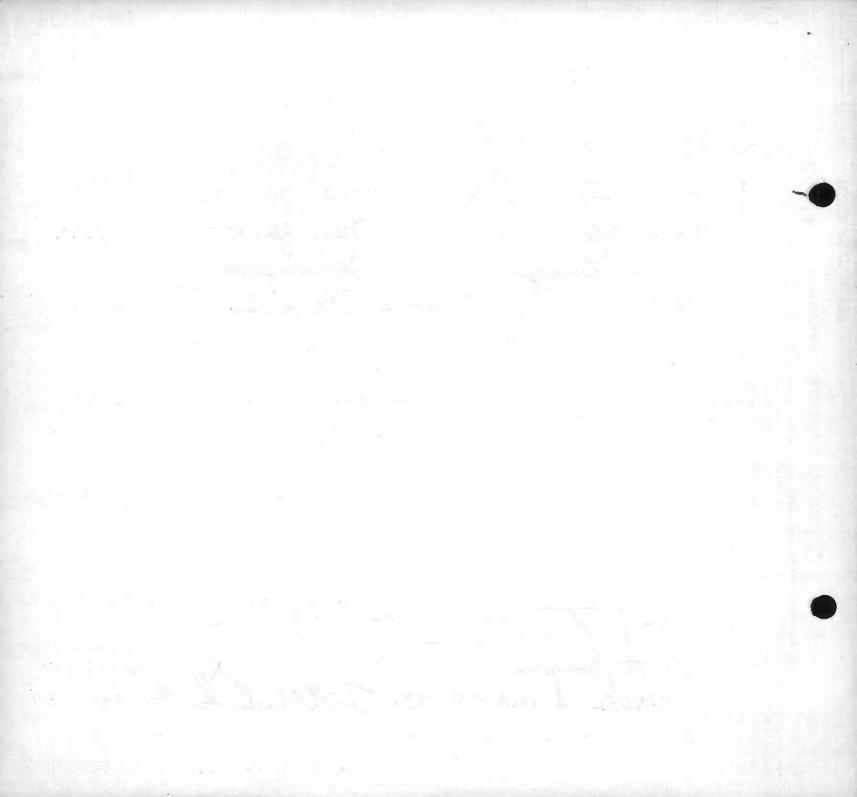
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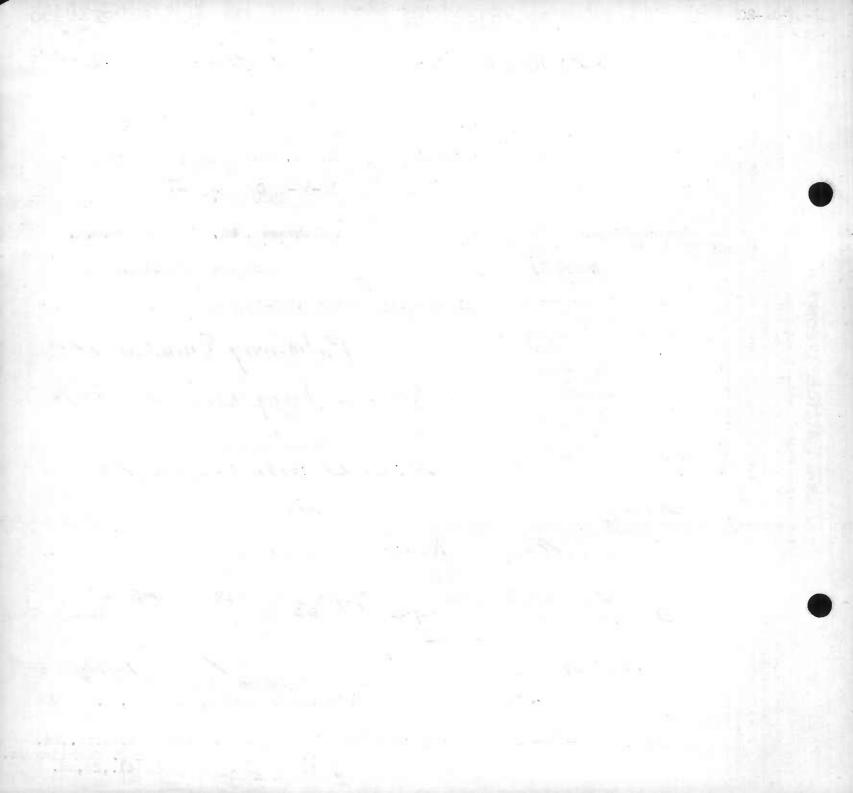


/ 4	(15. (0.40)	A Q 2 BALTIMORE CITY	HEALTH DEPARTMENT		00 40402
	0-43) 68-10	400 CERTIFICA	TE OF DEATH	REG NO	68-10483
1. N	TH NO.  AME OF DECEASED IDA RG	OLDBERG	2. DATE AND	HOUR OF DEATH	5:05 Am
3. 1	PLACE IN BALTIMORE, MARYLANO, WHERE PRI	ONOUNCEO DEAO	4. USUAL RESIDENCE (Where	Y) /0 -1	stitution: residence before odmission)
HO	LL NAME OF (IF NOT IN HOSPITAL OR IN ADDRESS OR LOCATION)	ISTITUTION, GIVE STREET	C. CITY OR HOWN		DE CITY LIMITS?
		8 7711d	Baltimore		YES NO
1	atherace Hospila ashlurton At.	8	E. STREET AND NUMBER	ak Aver	rul
S. S		RIED NEVER MARRIED	B. DATE OF BIRTH 1875	AGE (In years	II Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
104	USUAL OCCUPATION (Give kind of work 10B, KIN	WED DIVORCED DO OF RUSINESS OF INDUSTRY	12-15 - Electrical of Colors	un country)	12. CITIZEN OF WHAT COUNTRY
done	during most of working life, even if retired)			in coomy?	
	ousewise Ho	ome	Poland 14. MOTHER'S MAIDEN NAM	E	USA
15.	Yehicda Domuman Was Deceased Ever in U. S. Armed Foices?	1 6. SOCIAL	Bella Od		ADDRESS
(Yes	s, no or unknown) ((If yes, give wor or dotes of serv	SECURITY NO.	17. INFORMANTS GOLDE XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	ng 4005 woo	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
	1B. 4 / 2 / 1	CAUSE OF DEAT	Ĥ	, 0	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH		Cardiac	Lailure	
	(This does not mean the mode of dying,	e.g., CALIMMEDIATE CAL	A CONSEQUENCE OF:	)	
	heart failure, asthenia, etc. It means the dise	ose,	n + P		
	ANTECEDENT CAUSES	Anles	ional Propie he	at disc	case
	DISEASES OR CONDITIONS, if any, gi	ving DUE TO, OR AS	A CONSEQUENCE OF:		**************************************
	rise to the above cause (A) stating UNDERLYING CONDITION last.	the Ca	ed tesion.		
		(c)			
NO	THE SIGNIFICANT CONDITIONS CONTRIBUTIONS				
ATI	TO THE DEATH BUT NOT RELATED TO THE TERMII DISEASE OR CONDITION GIVEN IN PART 1 (A).			·/	
RTIFIC	19A. DATE OF OPERATION   19B. CONDITION   WAS PERFORMED	FOR WHICH OPERATION	20 A. AUTOPSY? (Yes or No)	IN CERTIFYING CAL	INDINGS CONSIDERED USES OF DEATH?
Ö	21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	21B. PLACE OF INJURY (e.g., i home, form, factory, street, of	n or obout 21 C. WHERE DID ffice bldg., INJURY OCCUR?	(If In Boltimore	City, give exact location)
CAL	DEATH (notify medical examiner)	etc.)			
EDIC	21 D. TIME (Month) (Day) (Year) (Haur)	21E. INJURY OCCURRED	21 F. HOW DID INJU	JRY OCCUR?	
0			e	IRY OCCUR?	
EDIC	21D.TIME (Month) (Doy) (Year) (Hour) OF INJURY	21 E. INJURY OCCURRED  While At Not While At Work	• 🗆	P C to	10 3 19 68
EDIC	21 D. TIME (Month) (Day) (Year) (Hour) OF INJURY (APPROX.)	21E. INJURY OCCURRED While A1 Not While A1 Work  led the deceosed from	25 1	9 <b>6 F</b> to	Ave-Whose costs proceed as content of the seminary
EDIC	21D.TIME (Month) (Day) (Year) (Haur) OF INJURY (APPROX.)  22. I certify that (I) (this hospital) attended	21 E. INJURY OCCURRED While At Not While At Work  led the deceosed from an 3	19 S ond the	9 <b>6 F</b> to	Ave-Whose costs proceed as content of the seminary
EDIC	21D.TIME (Month) (Day) (Year) (Haur) OF INJURY (APPROX.)  22. I certify that (I) (this hospital) attended that (I) (we) lost sow the deceased alive	21 E. INJURY OCCURRED While At Not While At Work  led the deceosed from an 3	19 S and the riew the body after death.	t in (my) (our) apir	Ave-Whose costs process question content * * mention content
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EDIC	21D.TIME (Month) (Day) (Year) (Hour) OF INJURY (APPROX.)  22. I certify that (I) (this hospital) attend that (I) (we) lost sow the deceosed alive and hour and from the causes stated above	21E. INJURY OCCURRED While At Not While Mark  Not While At Work  ded the deceosed from an Occurred  we. (1) (We) (did) (did not) was a consequence.  Attemption Attemption Attemption Attemption Attemption Attemption Attemption Attemption Attemption Attemption Attemption Attemption Attemption Attemption Attemption Attemption Attemption Attemption Attemption Attemption Attemption Attemption Attemption Attemption Attemption Attemption Attemption Attemption Attemption Attemption Attemption Attemption Attemption Attemption Attemption Attemption Attemption Attemption Attemption Attemption Attemption Attemption Attemption Attemption Attemption Attemption Attemption Attemption Attemption Attemption Attemption Attemption Attemption Attemption Attemption Attemption Attemption Attemption Attemption Attemption Attemption Attemption Attemption Attemption Attemption Attemption Attemption Attemption Attemption Attemption Attemption Attemption Attemption Attemption Attemption Attemption Attemption Attemption Attemption Attemption Attemption Attemption Attemption Attemption Attemption Attemption Attemption Attemption Attemption Attemption Attemption Attemption Attemption Attemption Attemption Attemption Attemption Attemption Attemption Attemption Attemption Attemption Attemption Attemption Attemption Attemption Attemption Attemption Attemption Attemption Attemption Attemption Attemption Attemption Attemption Attemption Attemption Attemption Attemption Attemption Attemption Attemption Attemption Attemption Attemption Attemption Attemption Attemption Attemption Attemption Attemption Attemption Attemption Attemption Attemption Attemption Attemption Attemption Attemption Attemption Attemption Attemption Attemption Attemption Attemption Attemption Attemption Attemption Attemption Attemption Attemption Attemption Attemption Attemption Attemption Attemption Attemption Attemption Attemption Attemption Attemption Attemption Attemption Attemption Attemption Attemption Attemption Attemption Attemption Attemption Attemption Attemption Attem	19 S and the riew the body ofter death.	9 6 tot in (my) (our) apir	23B, DATE SIGNED
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DIOJW	21D. TIME (Month) (Doy) (Year) (Hour) OF INJURY (APPROX.)  22. I certify that (I) (this hospital) attend that (I) (we) lost sow the deceosed alive and hour and from the causes stated above 23A. SIGNATURE  23C. PHYSICIAN'S NAME (Type) CHEE SHWE  A. BURIAL CREMATION, 24B. DATE REMOVAL (Specily)  BURIAL  10/13/68	21E. INJURY OCCURRED While At At Work  Not While At Work  Hed the deceosed from At Work  Oc. (I) (We) (did) (did not) was a garage of the physical and the physical and the physical and the physical and the physical and the physical and the physical and the physical and the physical and the physical and the physical and the physical and the physical and the physical and the physical and the physical and the physical and the physical and the physical and the physical and the physical and the physical and the physical and the physical and the physical and the physical and the physical and the physical and the physical and the physical and the physical and the physical and the physical and the physical and the physical and the physical and the physical and the physical and the physical and the physical and the physical and the physical and the physical and the physical and the physical and the physical and the physical and the physical and the physical and the physical and the physical and the physical and the physical and the physical and the physical and the physical and the physical and the physical and the physical and the physical and the physical and the physical and the physical and the physical and the physical and the physical and the physical and the physical and the physical and the physical and the physical and the physical and the physical and the physical and the physical and the physical and the physical and the physical and the physical and the physical and the physical and the physical and the physical and the physical and the physical and the physical and the physical and the physical and the physical and the physical and the physical and the physical and the physical and the physical and the physical and the physical and the physical and the physical and the physical and the physical and the physical and the physical and the physical and the physical and the physical and the physical and the physical and the physical and the physical and the physical and the physical and the physical and the phys	19 S ond the riew the body ofter death.  Pending Med. Director 23D. ADDRESS L. W. C. C. Ball	Shoff Dital	23B. DATE SIGNED  10 13 CF  Of Manyland  1y, fown, or county) (State)



VS 150-REV. 1/1/68





VS 150-REV. 1/1/6B

68-10486

NO

Hours

If Under 24 Hrs.

D. INSIDE CITY LIMITS?

Josephine Huhn, 4339 Shamrock Ave.

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

(If in Baltimore City, give exoct location)

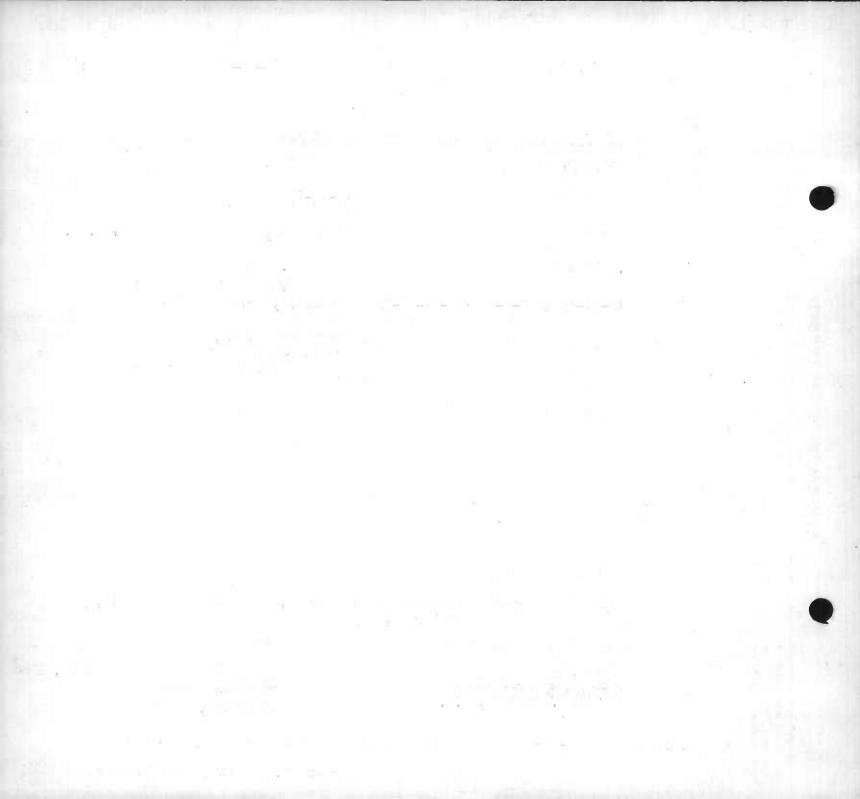
ond that In (my) Jour) opinion death occurred on the date

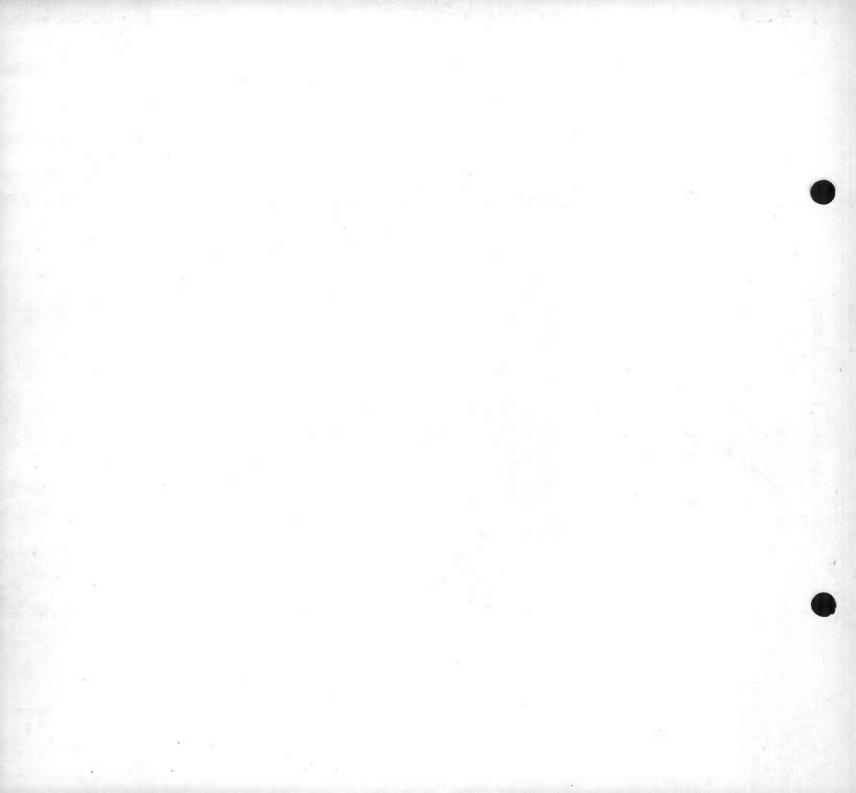
ADDRESS

Ollnich Fundal Home 4210 Belair Road.

Acon tragonomial Enforces 4 has 10 - 11 - 1 -Elyph Founder

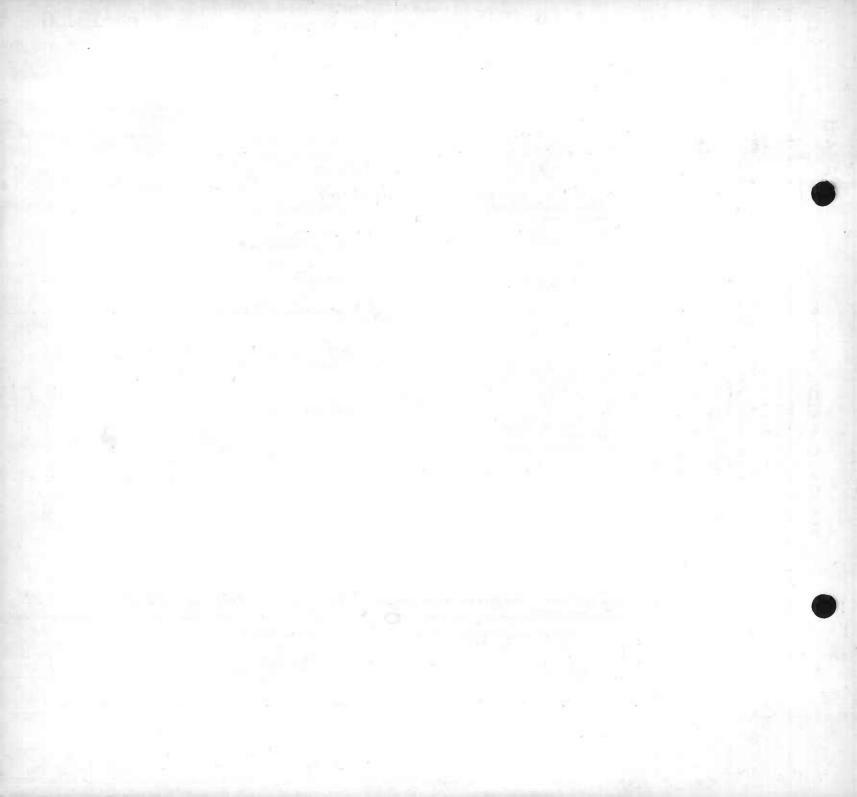
_	H NO.			CLKTITICA	ATE OF DEATH					
	e or Print)		7 77 7	2 1	2. DATE AND HOUR OF DEATH 10-14-68 9:10					
	It.	LETCHER, Malco	OTW MITI	INCED DEAD			9:10 P			
FUL	L NAME OF			JTION, GIVE STREET	A. STATE B. COUNTY Maryland  25-3					
	TITLITION	Veterans Admi			C. CITY OR TOWN	D. HVS	YES NO			
^		3900 Loch Rav			Baltimore E. STREET AND NUMBER		11.5			
4		Baltimore, Ma			4834 Melbourne Road					
. SE		6. RACE		NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. If Under 24 Hi Months Doys Hours Min.			
Ma	ale	Caucasian	WIDOWED		12-17-17	lost birthdoy)	177011113			
nA.	USUAL OCC	UPATION (Give kind of work			11. BIRTHPLACE (State or fo	reign country)	12. CITIZEN OF WHAT COUNT			
		working life, even if retired)			Winchester,	Virginia	U. S. A.			
		tal Worker			14. MOTHER'S MAIDEN N					
	FATHER'S NA									
		W. Fletcher			Bertha W. Ca	_	1/			
5. V Yes.	Nos Decease	Ever in U. S. Armed For (If yes, give wor or dote	es of service)	1 6. SOCIAL SECURITY NO.	17. INFORMANT VA I					
	es	12-21-43 to	4-9-46	225-01-47-93	Baltimore, M	laryland 2121	18			
	(This does	SE OR CONDITION DI LEADING TO DEATH nol men the mode of osthenio, etc. Il meons mplicotion which coused ANTECEDENT CAUSES	dying, e.g., The diseose, deoth,)	(A) IMMEDIATE CA	Carcinomaof	to GI tract				
				(B)	S A CONSEQUENCE OF:					
	rise to 1	OR CONDITIONS, if the obove couse (A) G CONDITION lost.	ony, giving	(B)	S A CONSEQUENCE OF:					
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CAL CERTIFICA	OTHER SIGN TO THE DEATH (Notice of Contribution of Contribution of Contribution of Contribution of Contribution of Contribution of Contribution of Contribution of Contribution of Contribution of Contribution of Contribution of Contribution of Contribution of Contribution of Contribution of Contribution of Contribution of Contribution of Contribution of Contribution of Contribution of Contribution of Contribution of Contribution of Contribution of Contribution of Contribution of Contribution of Contribution of Contribution of Contribution of Contribution of Contribution of Contribution of Contribution of Contribution of Contribution of Contribution of Contribution of Contribution of Contribution of Contribution of Contribution of Contribution of Contribution of Contribution of Contribution of Contribution of Contribution of Contribution of Contribution of Contribution of Contribution of Contribution of Contribution of Contribution of Contribution of Contribution of Contribution of Contribution of Contribution of Contribution of Contribution of Contribution of Contribution of Contribution of Contribution of Contribution of Contribution of Contribution of Contribution of Contribution of Contribution of Contribution of Contribution of Contribution of Contribution of Contribution of Contribution of Contribution of Contribution of Contribution of Contribution of Contribution of Contribution of Contribution of Contribution of Contribution of Contribution of Contribution of Contribution of Contribution of Contribution of Contribution of Contribution of Contribution of Contribution of Contribution of Contribution of Contribution of Contribution of Contribution of Contribution of Contribution of Contribution of Contribution of Contribution of Contribution of Contribution of Contribution of Contribution of Contribution of Contribution of Contribution of Contribution of Contribution of Contribution of Contribution of Contribution of Contribution of Contribution of Contribution of Contribution of Contribution of Contributio	OR CONDITIONS, if the obove couse (A) G CONDITION lost.  FICANT CONDITIONS CO TH BUT NOT RELATED TO TO CONDITION GIVEN IN PAR F OPERATION 19B. CON WAS PER ENT WAS UNDERLYING UTING CAUSE OF y medical examiner	ony, giving sloling the sloling the TERMINAL RT 1 (A).  NOTION FOR STORMED TO THE STORMED TO THE SLOPE	WHICH OPERATION IT pneumonecto Ory laparoton LPLACE OF INJURY (e.g., ne, farm, foctory, street,	DMY 20A. AUTOPSY? (Yes or	(If in Baltim	AUSES OF DEATH?			
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1. INAME OF DECLASE  1. PLACE IN BASTIMORE, MARPLAND, WHERE FRONDUNCED DEAD  2. PLACE IN BASTIMORE, MARPLAND, WHERE FRONDUNCED DEAD  3. SEX  1. STATE AND HOUSE OF DEATH  1. USUAL RESIDENCE (When discovered livered if institutions is evidence before copinity in the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of	RIPTH NO	00-10431	CERTIFICA	TE OF DEATH	REG. NO	00-10431
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National   National   National   National   National   National   National   National   National   National   National   National   National   National   National   National   National   National   National   National   National   National   National   National   National   National   National   National   National   National   National   National   National   National   National   National   National   National   National   National   National   National   National   National   National   National   National   National   National   National   National   National   National   National   National   National   National   National   National   National   National   National   National   National   National   National   National   National   National   National   National   National   National   National   National   National   National   National   National   National   National   National   National   National   National   National   National   National   National   National   National   National   National   National   National   National   National   National   National   National   National   National   National   National   National   National   National   National   National   National   National   National   National   National   National   National   National   National   National   National   National   National   National   National   National   National   National   National   National   National   National   National   National   National   National   National   National   National   National   National   National   National   National   National   National   National   National   National   National   National   National   National   National   National   National   National   National   National   National   National   National   National   National   National   National   National   National   National   National   National   National   National   National   National   National   National   National   National   National   National   National   National   National   National   National   National				A. STATE B. COU	ere deceased lived. If in	stitution: residence before admissi
S. BACE	INSTITUTION	,		BAGO,		YES 🔼 NO 🗌
Indicated   Indicated   Indicated   Indicated   Indicated   Indicated   Indicated   Indicated   Indicated   Indicated   Indicated   Indicated   Indicated   Indicated   Indicated   Indicated   Indicated   Indicated   Indicated   Indicated   Indicated   Indicated   Indicated   Indicated   Indicated   Indicated   Indicated   Indicated   Indicated   Indicated   Indicated   Indicated   Indicated   Indicated   Indicated   Indicated   Indicated   Indicated   Indicated   Indicated   Indicated   Indicated   Indicated   Indicated   Indicated   Indicated   Indicated   Indicated   Indicated   Indicated   Indicated   Indicated   Indicated   Indicated   Indicated   Indicated   Indicated   Indicated   Indicated   Indicated   Indicated   Indicated   Indicated   Indicated   Indicated   Indicated   Indicated   Indicated   Indicated   Indicated   Indicated   Indicated   Indicated   Indicated   Indicated   Indicated   Indicated   Indicated   Indicated   Indicated   Indicated   Indicated   Indicated   Indicated   Indicated   Indicated   Indicated   Indicated   Indicated   Indicated   Indicated   Indicated   Indicated   Indicated   Indicated   Indicated   Indicated   Indicated   Indicated   Indicated   Indicated   Indicated   Indicated   Indicated   Indicated   Indicated   Indicated   Indicated   Indicated   Indicated   Indicated   Indicated   Indicated   Indicated   Indicated   Indicated   Indicated   Indicated   Indicated   Indicated   Indicated   Indicated   Indicated   Indicated   Indicated   Indicated   Indicated   Indicated   Indicated   Indicated   Indicated   Indicated   Indicated   Indicated   Indicated   Indicated   Indicated   Indicated   Indicated   Indicated   Indicated   Indicated   Indicated   Indicated   Indicated   Indicated   Indicated   Indicated   Indicated   Indicated   Indicated   Indicated   Indicated   Indicated   Indicated   Indicated   Indicated   Indicated   Indicated   Indicated   Indicated   Indicated   Indicated   Indicated   Indicated   Indicated   Indicated   Indicated   Indicated   Indicated   Indi						
13. FATHER'S NAME				B. DATE OF BIRTH	last birthdoy)	Months Days Hours Min
S. Wes Deceased Esse in U. S. Armod Forces?   16. SOCIAL SECURITY NO.   17. INFORMANT   17. INFORMANT   18.   18.   18.   18.   18.   18.   18.   18.   18.   18.   18.   18.   18.   18.   18.   18.   18.   18.   18.   18.   18.   18.   18.   18.   18.   18.   18.   18.   18.   18.   18.   18.   18.   18.   18.   18.   18.   18.   18.   18.   18.   18.   18.   18.   18.   18.   18.   18.   18.   18.   18.   18.   18.   18.   18.   18.   18.   18.   18.   18.   18.   18.   18.   18.   18.   18.   18.   18.   18.   18.   18.   18.   18.   18.   18.   18.   18.   18.   18.   18.   18.   18.   18.   18.   18.   18.   18.   18.   18.   18.   18.   18.   18.   18.   18.   18.   18.   18.   18.   18.   18.   18.   18.   18.   18.   18.   18.   18.   18.   18.   18.   18.   18.   18.   18.   18.   18.   18.   18.   18.   18.   18.   18.   18.   18.   18.   18.   18.   18.   18.   18.   18.   18.   18.   18.   18.   18.   18.   18.   18.   18.   18.   18.   18.   18.   18.   18.   18.   18.   18.   18.   18.   18.   18.   18.   18.   18.   18.   18.   18.   18.   18.   18.   18.   18.   18.   18.   18.   18.   18.   18.   18.   18.   18.   18.   18.   18.   18.   18.   18.   18.   18.   18.   18.   18.   18.   18.   18.   18.   18.   18.   18.   18.   18.   18.   18.   18.   18.   18.   18.   18.   18.   18.   18.   18.   18.   18.   18.   18.   18.   18.   18.   18.   18.   18.   18.   18.   18.   18.   18.   18.   18.   18.   18.   18.   18.   18.   18.   18.   18.   18.   18.   18.   18.   18.   18.   18.   18.   18.   18.   18.   18.   18.   18.   18.   18.   18.   18.   18.   18.   18.   18.   18.   18.   18.   18.   18.   18.   18.   18.   18.   18.   18.   18.   18.   18.   18.   18.   18.   18.   18.   18.   18.   18.   18.   18.   18.   18.   18.   18.   18.   18.   18.   18.   18.   18.   18.   18.   18.   18.   18.   18.   18.   18.   18.   18.   18.   18.   18.   18.   18.   18.   18.   18.   18.   18.   18.   18.   18.   18.   18.   18.   18.   18.   18.   18.   18.   18.   18.   18.   18.   18.   18.   18		18 at a 13			reign country)	12. CITIZEN OF WHAT COUN
Tes, not an annown   (if yes, give wor or doles of service)   SECURITY NO.   LYBOCTHC/SCLE   SAME	13. FATHER'S NAME	7		14. MOTHER'S MAIDEN NA	AME ?	
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  (This does not meon the mode of dying, e.g., heart failure, easherine, etc. It means the disease, injury or complication which coused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if any, giving lise to the obove cause (A) stating the UNDERLYING CONDITION of any private list of the obove cause (A) stating the UNDERLYING CONDITION of the DEATH UNITORIES (C).  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE TERMINAL TO THE DEATH UNITORIES (Month) (Page 2004).  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE TERMINAL TO THE DEATH OF OPERATION WAS PERFORMED  OR CONTRIBUTING CAUSES OF DEATH?  218, PLACE OF INJURY (e.g., in or obout   2004, AUTOPSY? (Yes or No.)   2008, IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?  OR CONTRIBUTING (Month) (Doy) (Year) (Hour)   218, PLACE OF INJURY (e.g., in or obout   217, AUTOPSY? (Yes or No.)   2018, IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?  210, THE DEATH (Month) (Doy) (Year) (Hour)   218, PLACE OF INJURY (e.g., in or obout   217, AUTOPSY? (Yes or No.)   2018, IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?  DAY AND ALL OF OPERATION WAS PERFORMED  210, THE SIGNIFICANT (Month) (Doy) (Year) (Hour)   218, PLACE OF INJURY (e.g., in or obout   218, PLACE OF INJURY (e.g., in or obout   218, PLACE OF INJURY (e.g., in or obout   218, INJURY OCCUR? office blidge, Injury OCCUR? office blidge, Injury OCCUR? office blidge, Injury OCCUR?  DO TO THE DEATH (Month) (Doy) (Year) (Hour)   218, INJURY OCCUR?  While A   Not Work   Not	(Yes, na ar unknown) (If yes, give w	Armed Farces? vor or dotes af service)			LE (51	
DEATH (natify medical examiner)    DEATH (natify medical examiner)	injury or complication which ANTECEDENT  DISEASES OR CONDITION ITSEE TO THE OBJECT OF OPERATION  OTHER SIGNIFICANT CONDITION OF THE DEATH BUT NOT RELEVISED OF OPERATION  OTHER SIGNIFICANT CONDITION GIVE THE DISEASE OR CONDITION GIVE THE DISEASE OF CONTRIBUTING TO ALISE OF CONTRIBUTION TO ALISE OF CONTRIBUTING TO ALISE OF CONTRIBUTING TO ALISE OF CONTRIBUTING TO ALISE OF CONTRIBUTING TO ALISE OF CONTRIBUTING TO ALISE OF CONTRIBUTING TO ALISE OF CONTRIBUTION TO ALISE OF CONTRIBUTION TO ALISE OF CONTRIBUTION TO ALISE OF CONTRIBUTION TO ALISE OF CONTRIBUTION TO ALISE OF CONTRIBUTION TO ALISE OF CONTRIBUTION TO ALISE OF CONTRIBUTION TO ALISE OF CONTRIBUTION TO ALISE OF CONTRIBUTION TO ALISE OF CONTRIBUTION TO ALISE OF CONTRIBUTION TO ALISE OF CONTRIBUTION TO ALISE OF CONTRIBUTION TO ALISE O	CAUSES  ONS, if any, giving use (A) stating the total lost.  IONS CONTRIBUTING ATED TO THE TERMINAL EN IN PART 1 (A).  1798. CONDITION FOR WHI WAS PERFORMED	(C)	20A. AUTOPSY? (Yes or I	No) 20B. IF YES, WERE IN CERTIFYING CA	USES OF DEATH?
22. I certify that the third this haspital) attended the deceased from 7 2 5 19 to 7 6 19 that New last saw the deceased alive an 19 and that in (my) (our) apinion death accurred an the and have and from the causes stated phase. (I) (We) (did) (did not) view the bady after death.  23A. SIGNATURE  23B. DATE SIGNED  23B. DATE SIGNED  23D. ADDRESS  NAME (Type)  ANNE (Ty	DEATH (natify medical examination of INJURY (Month) (Day	ner) etc.) y) (Year) (Haur) 21 <b>E. IN</b>	JURY OCCURRED	21 F. HOW DID IN	IJURY OCCUR?	
Dedica Color	22. I certify that the this that the well as the saw the and have and from the car 23%. SIGNATURE  23%. PHYSICIAN'S NAME (Type)  AND C A  24A/BURIAL CREMATION, 248. REMOVAL (Specify)	haspital) attended the deceased alive an fuses stated above. (1) (1)	Wey (did) (did tox)  Wey (Rid) (DEGREE Ph)  E of CEMETERY or CR	19 and 19 and 19 and 19 and 19 and 19 and 19 and 19 and 19 and 19 and 19 and 19 and 19 and 19 and 19 and 19 and 19 and 19 and 19 and 19 and 19 and 19 and 19 and 19 and 19 and 19 and 19 and 19 and 19 and 19 and 19 and 19 and 19 and 19 and 19 and 19 and 19 and 19 and 19 and 19 and 19 and 19 and 19 and 19 and 19 and 19 and 19 and 19 and 19 and 19 and 19 and 19 and 19 and 19 and 19 and 19 and 19 and 19 and 19 and 19 and 19 and 19 and 19 and 19 and 19 and 19 and 19 and 19 and 19 and 19 and 19 and 19 and 19 and 19 and 19 and 19 and 19 and 19 and 19 and 19 and 19 and 19 and 19 and 19 and 19 and 19 and 19 and 19 and 19 and 19 and 19 and 19 and 19 and 19 and 19 and 19 and 19 and 19 and 19 and 19 and 19 and 19 and 19 and 19 and 19 and 19 and 19 and 19 and 19 and 19 and 19 and 19 and 19 and 19 and 19 and 19 and 19 and 19 and 19 and 19 and 19 and 19 and 19 and 19 and 19 and 19 and 19 and 19 and 19 and 19 and 19 and 19 and 19 and 19 and 19 and 19 and 19 and 19 and 19 and 19 and 19 and 19 and 19 and 19 and 19 and 19 and 19 and 19 and 19 and 19 and 19 and 19 and 19 and 19 and 19 and 19 and 19 and 19 and 19 and 19 and 19 and 19 and 19 and 19 and 19 and 19 and 19 and 19 and 19 and 19 and 19 and 19 and 19 and 19 and 19 and 19 and 19 and 19 and 19 and 19 and 19 and 19 and 19 and 19 and 19 and 19 and 19 and 19 and 19 and 19 and 19 and 19 and 19 and 19 and 19 and 19 and 19 and 19 and 19 and 19 and 19 and 19 and 19 and 19 and 19 and 19 and 19 and 19 and 19 and 19 and 19 and 19 and 19 and 19 and 19 and 19 and 19 and 19 and 19 and 19 and 19 and 19 and 19 and 19 and 19 and 19 and 19 and 19 and 19 and 19 and 19 and 19 and 19 and 19 and 19 and 19 and 19 and 19 and 19 and 19 and 19 and 19 and 19 and 19 and 19 and 19 and 19 and 19 and 19 and 19 and 19 and 19 and 19 and 19 and 19 and 19 and 19 and 19 and 19 and 19 and 19 and 19 and 19 and 19 and 19 and 19 and 19 and 19 and 19 and 19 and 19 and 19 and 19 and 19 and 19 and 19 and 19 and 19 and 19 and 19 and 19 and 19 and 19 and 19 and 19 and 19 and 19 and 19 and 19 and 19 and 19 and 19 and 19	Shaff   COCATION (C	23B. DATE SIGNED
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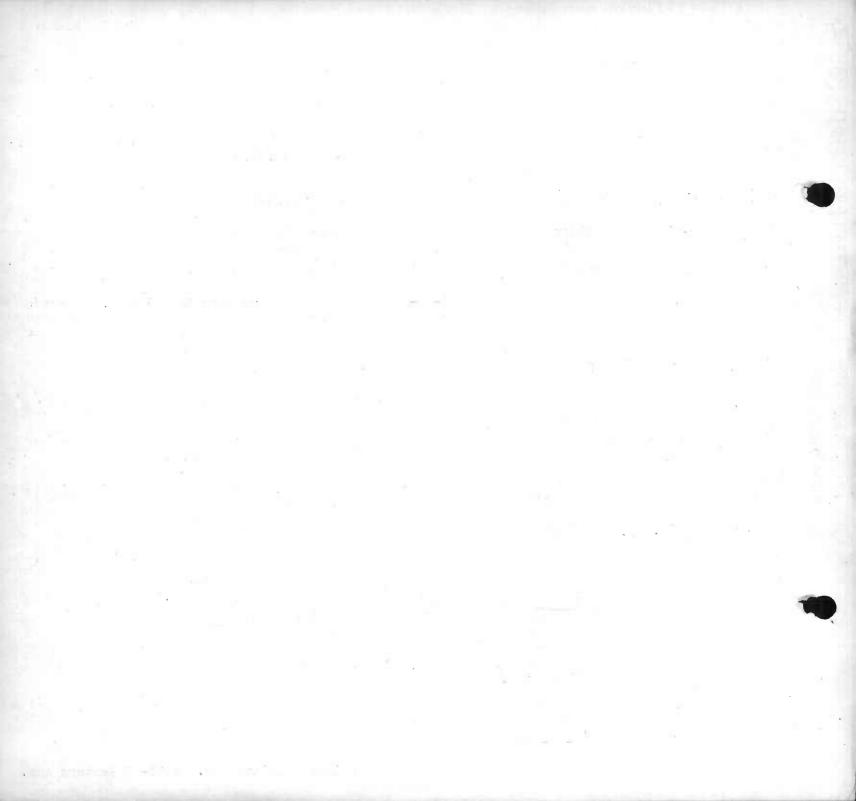
25B. NAME OF REGISTRAR

Super Softman Stranger morning property for IMPORTANI

DIRECTOR:

FUNERA

Consister of the land will wine TRANSPORTER HOLLE THE Day of A Base



NO

Hours

APPROXIMATE INTERVAL

BETWEEN ONSET AND DEATH

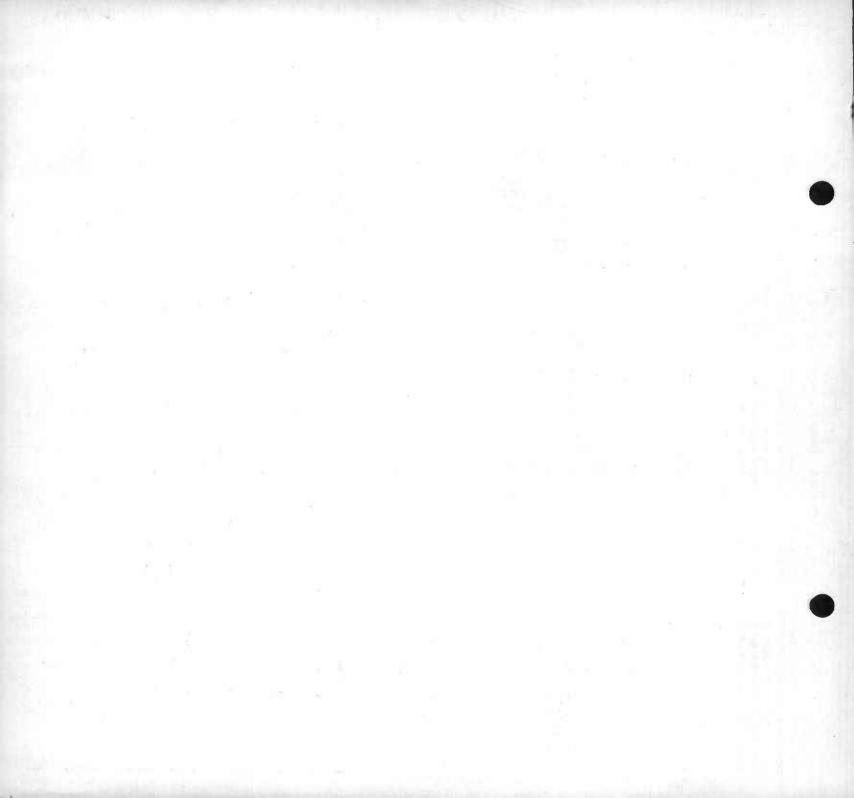
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If Under 24 Hrs.



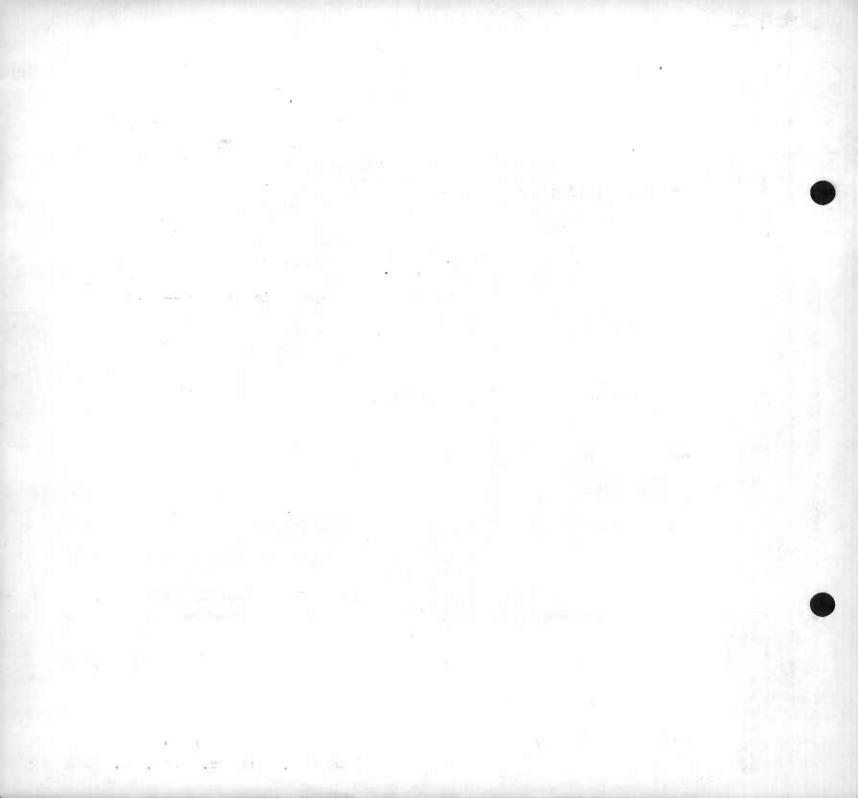
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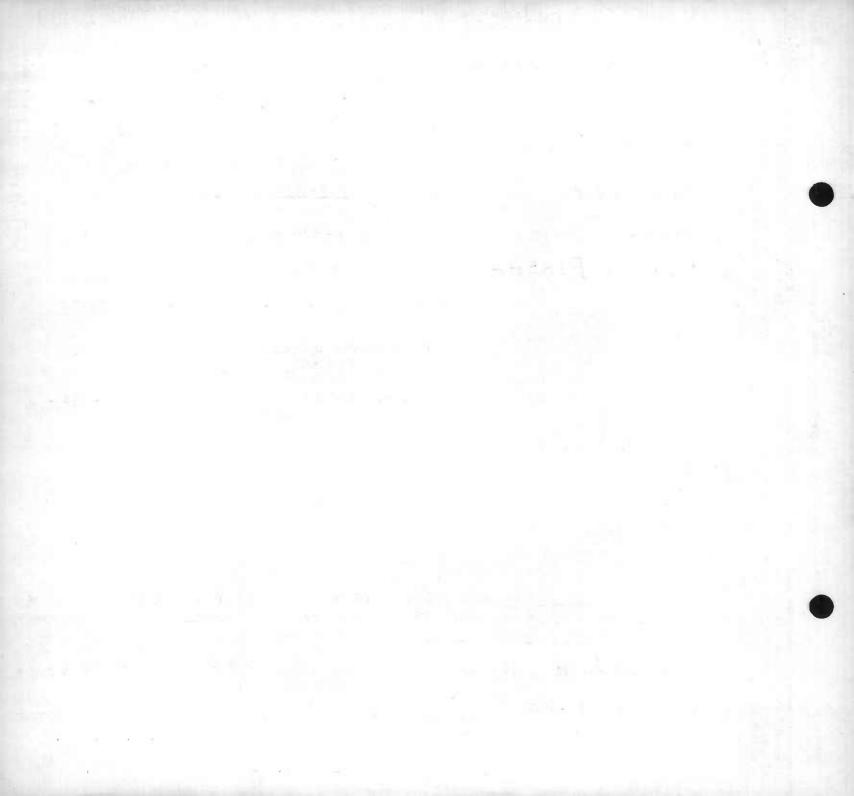
Course	BALTIMORE CIT	Y HEALTH DEPARTMENT 68-10496
0107	TH NO. 68-10496CERTIFICA	ATE OF DEATH REG. NO. OF 10 10 10 10 10 10 10 10 10 10 10 10 10
	TH NO.  AME OF DECEASED	2. DATE AND HOUR OF DEATH
(Тур	e or Print) Mr J. Curtis Slocum	10 117 18 2: 40 AN
3. P	PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	A. STATE B. COUNTY
0	LL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET SPITAL OR ADDRESS OR LOCATION)	Maryland.  C. CITY OR TOWN ON SIDE CITY LIMITS?  Baltimae YES NO
1	Maryland General Hospital	E. STREET AND NUMBER 3501 Frankford Avenue
S	EX 6. RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH  9. AGE (In years If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
r	Nale White WIDOWED DIVORCED	1-15-00 68
	USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY	Balto Md. 12. CITIZEN OF WHAT COUNTRY
3. [	FATHER'S NAME	14. MOTHER'S MAIDEN NAME
	William T. Sloeum	Mary Thorn
	Was Deceased Ever in U. S. Armed Forces?  "no of unknown) (If yes, give wor or dotes of service)  No	Mrs. Meribah S. Slocum
_	18. CAUSE OF DEAT	TH STORY TO THE APPROXIMATE INTERVAL
ERTIFICATION	ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if ony, giving rise to the abave cause (A) stoting the UNDERLYING CONDITION lost.  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).  19A. DATE OF OPERATION  WAS PERFORMED	20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
ERT	O	NU
AL C	21A. ACCIDENT WAS UNDERLYING   218. PLACE OF INJURY (e.g., OR CONTRIBUTING   CAUSE OF DEATH (notify medical examiner)	in a about 21 C. WHERE DID (If In Boltimore City, give exact location) office bldg., INJURY OCCUR?
MEDIC	21D. TIME (Month) (Doy) (Yeo) (Hour) 21E. INJURY OCCURRED OF INJURY (APPROX.) White At Not White At Work At Work	21F. HOW DID INJURY OCCUR?
	22. I certify that (I) (this haspital) attended the deceased from that (I) (we) lost saw the deceased alive on 10 - 17	10 - 10 19 68 to (0 - 17 19 68
	ond hour and from the couses stated above. (1) (We) (did) (dld not)  23A. SIGNATURE  E. W. A. Loe C. H. Ph. Ph. Ph. Ph. Ph. Ph. Ph. Ph. Ph. Ph	238, DATE SIGNED
	23C. PHYSICIAN'S NAME (Type)  E. M. DE LOS SANTOS DR. M.D.	23D. ADDRESS MOSCHAND Gen. Hoggital
24A	DEGREE  BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CF	REMATORY 24D LOCATION (City, town, or county) (Stote)
	urial 10/19/68 Parkwood Cemete	
	. DATE REC'D BY, HEALTH DEPT. 258. NAME OF REGISTRAR	Baltimore Co., Maryland   25C. FUNERAL DIRECTOR ADDRESS
	201 13 1808 (CTSDE: Bright	2 Lonadd J. Ryck Inc. 5305 Harford Rd. #14
VS	150-REV. 1/1/6B	

and it properties always 17 V 524 the second second of The same of the form

RIO	1 1	BALTIMORE CITY HEALTH DEPARTMENT	
0-63	705	68-10497 CERTIFICATE OF DEATH REG. NO. 68-10497	-
and	Deceased e on the ith. Such	BIRTH NO.  1. NAME OF DECEASED  2. DATE AND HOUR OF DEATH  30	-
- P	0	(Type or Print) EVEZYN BRADFORD 10-16-68 800 PN	١.
o i	a the	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD  4. USUAL RESIDENCE (Where deceosed lived, II institution: residence before odmission)  A. STATE  8. COUNTY	
00	(5) D ance deat	HOSPITAL OR ADDRESS OR LOCATION)  FULL NAME OF ADDRESS OR LOCATION)  COLTY OF TOWN	
		INSTITUTION D. CHIT ON TO THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTRO	
-	2 0	E. STREET AND NUMBER	_
- · - ·		MERCY HOSPITAL 4214 LOCKRAVEN Blud.	
occurre	ermined regular eased p is made	7. MARRIED NEVER MARRIED   8. DATE OF BIRTH   9. AGE (In yeors lost birthdoy)   Months Doys Hours Min.	
0 0	+ 0-	10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (Stote or foreign country)  12. CITIZEN OF WHAT COUNTRY done during most of working life, even if retired)	?
eat or	s in dec	HOUSEWITE BALL, MD. G.S.A.	
T if d	(4) U wa the lispos	William A. ROETER HNNA BIERNS.	
ZTAN Sistan	kind; deatl nce or inal d	15. Wos Deceosed Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dotes of service) No  16. SOCIAL SECURITY NO. 220164216  17. INFORMANT Miss Ann Marks Bradford—Same	
Xaminer or	; (3) A fracture of any an who pronounced in regular attendar ins are embalmed or f	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  (This does not mean the made of dying, e.g., heart failure, asthenia, etc., II means the disease, injury or camplicotian which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if ony, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.  CAUSE OF DEATH.  (A) IMMEDIATE CAUSE  APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH  (A) IMMEDIATE CAUSE  (A) IMMEDIATE CAUSE  (B)  DUE TO, OR AS A CONSEQUENCE OF:  (C)  (C)	عا
Medic medic	physicial an was remains	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (AI.	
NER Chief	Body the ysici	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED  20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?  21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or obout 21 C. WHERE DID (II in Boltimore City, give exect location)	
	here No ph befor	21A. ACCIDENT WAS UNDERLYING   21B. PLACE OF INJURY (e.g., in or about 21C. WHERE DID (II In Boltimore City, give exact location) or CONTRIBUTING   CAUSE OF DEATH (notify medical examiner)   CAUSE	
ed by hospit	2 3 TO	OF INJURY  (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURED  21F. HOW DID INJURY OCCUR?	
y h	cept d (6)	(APPROA.) Work L At Work L	
a di	ex en obt	22. I certify that (a) (this hospital) attended the deceosed from 1968 to 10 - 16 1968	
g 0	h);	that (#F(we) lost sow the deceased alive on 6-16- 19 6# and that in(my) (our) apinion death occurred on the date	e
e p	0 0 =	ond hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.	
150	dent ospii dea must	23A. STOPPATURE  23B. DATE SIGNED  23B. DATE SIGNED  23B. DATE SIGNED  20D 10/17/68	
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ate as r	rior rior	23C. PHYSICIAN'S NAME (Type)	
certificate	1) An at d prior	BAYANI L. MANACO, M.D. DEGREE 4214 lockRowen, Ballo Md. 21218	
i t	~ O o _	24A. BURIAL CREMATION, REMOVAL (Specify) 24B. DATE 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION (City, town, or county) (Stote)	
900	O. C.	Burial 1 0/19/68 New Cathedral Cemetery Baltimore, Md.	
This cert	was D.C decease written	25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAD 25C. FUNERAL DIRECTOR ADDRESS 21214	
		VC 160 DEV 1/1/40	=



Info re mother furnished by Richard Lidinsky, brother of deceased



VS 151-REV. 1/1/6B

## 8-10500 MEDICAL EVAMINED'S CEDTIFICATE OF P

SIRTH NO.	WEL	JICAL	EXAMINER 5	LEKTIFICA	IE OF	DEAT	REG. NO.			
NAME OF DEC	PAUL	OF	nown X	Manth	er 7, 1	968	Hour	м.		
. PLACE IN BAI ULL NAME OF OSPITAL OR INSTITUTION	(IF NOT IN HOSPIT ADDRESS OR LOCA	3. DATE PRONOUNCE			er 7, 1		10:20	FV13		
00 1	132 Argyle Av	renue		A STATE	ryland		B. COUNTY	1/2	-0	2
. SEX	7. RACE	B. MARRI	ED NEVER MARRIED	C. CITY OR TOW	/N		D. INSIDE C	TY LIMITS?		
Male	Negro	WIDOW	ren den	Bal	ltimore		Y	ES 🖾 I	NO 🗆	
JUNE 5	10. AGE (lost birthd		If Under 1 Yr. If Under 24 Hrs. Months, Doys, Hours, Min.		NUMBER 32 Argy	le Ave				
NOBEL	State or foreign country)		2. CITIZEN OF WHAT COUNTRY?	13. FATHER'S NA	LWN					
4A.USUAL OCCL one during most of COC	working life, even if retired)	di 48. KIND	OF BUSINESS OR INDUSTR	UNKNE		ME				
6. WAS DECEAS es, no or unknown	(If yes, give wor or dotes	D FORCES?	17. SOCIAL SECURITY NO.	IB. INFORMANT		RTY		DDRESS L ALR	ID.	
DISEASES RISE TO TH UNDERLYI	mplication which caused de  NTECEDENT CAUSES OR CONDITIONS, IF AN IE ABOVE CAUSE (A) STA NG CONDITION LAST.  II NIFICANT CONDITIONS C ATH BUT NOT RELATED TO	IY, GIVING ATING THE	(c)	AS A CONSEQUEN	ICE OF:					
	R CONDITION GIVEN IN I		FOR WHICH OPERATION W	AS PERFORMED		2008980000mmm			PSY? (Yes or	No)
UNDERLYING	RNAL CAUSE WAS G OR CONTRIB- AUSE OF DEATH.	2	22B. PLACE OF INJURY (e.g., home, form, foctory, street, office	in or obout 22C. V	VHERE DID Y OCCUR?	(If in Boltimo	re City, give ex			
22D. TIME OF INJURY (APPROX.)	(Month) (Doy) (Yea		WHILE AT NOT	WHILE 22F. H	IOW DID IN	JURY OCC	UR?			
	Ited from: Natural ca	BJ.	Acerdent Suici	de Hamici CHIEF ASSISTAN ASSOCIAT	de  F MEDICAL I IT MEDICAL I E MEDICAL I	Undetermi EXAMINER EXAMINER EXAMINER			DATE SIGN	
24A. BURIAL CRE REMOVAL (Spec	L DET 1		BIRKLE	y Cem	1	TOCATION	ingi	n, or county)	(Stot	e) 7c
SA. DATE REC'D	1068 A A	25B. N	AME OF REGISTRAR	25C. FUNE	RAL DIRECT	OR	DOT	ADDRESS		

derive in rectioning the

CONTRACTOR A

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